

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

401 N. Lindbergh Blvd

☐Check if different
than previously
reported. (ACC)

St. Louis

MO

63141

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00293910

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☒January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James R. Bowlin

Signature of Treasurer

Electronically Filed by James R. Bowlin

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		101754.76
(b) Cash on Hand at Beginning of Reporting Period	45819.76	
(c) Total Receipts (from Line 19)	224212.50	237777.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	270032.26	339532.26
7. Total Disbursements (from Line 31)	65750.00	135250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	204282.26	204282.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	202300.00	212100.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	21912.50	25677.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	224212.50	237777.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	224212.50	237777.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	224212.50	237777.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	224212.50	237777.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	129500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	750.00	750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	750.00	750.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65750.00	135250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65750.00	135250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	224212.50	237777.50
34. Total Contribution Refunds (from Line 28(d))	750.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	223462.50	237027.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Bernard

Mailing Address 1670 Ashford Cir NE

City

North Canton

State

OH

Zip Code

44720-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564062

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew P. Trapani

Mailing Address 10N979 York Lane

City

Elgin

State

IL

Zip Code

60124-6753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564063

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Norman J. Pokley

Mailing Address 57380 Mt Vernon

City

Washington

State

MI

Zip Code

48094-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin D. Horner

Mailing Address 2515 W Sleigh Creek Cir

City

Sioux Falls

State

SD

Zip Code

57108-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564065

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Albert T. Foy, Jr.

Mailing Address PO Box 230082

City

Montgomery

State

AL

Zip Code

36123-0082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564066

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Peter Kierl

Mailing Address 2509 Thunderwind Cir

City

Edmond

State

OK

Zip Code

73034-6880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564067

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Tommy Neil Whited

Mailing Address 11281 Country Forest Cove

City

Collierville

State

TN

Zip Code

38017-8997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564068

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John A. Dorsch

Mailing Address 2435 NE 79th St

City

Kansas City

State

MO

Zip Code

64118-1597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564069

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric R. Nease

Mailing Address 2455 E Main St

City

Spartanburg

State

SC

Zip Code

29307-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564070

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William K. Fravel

Mailing Address 2515 Kissam Ct

City

Orlando

State

FL

Zip Code

32809-3587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564071

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Anthony Norwick

Mailing Address 2680 Island Ct

City

Sylvan Lake

State

MI

Zip Code

48320-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564072

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mitchell B. Silverman

Mailing Address 8520 Snakedance Ct NE

City

Albuquerque

State

NM

Zip Code

87111-7169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564073

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert N. Pickron

Mailing Address 5265 Chelsen Woods Dr

City

Duluth

State

GA

Zip Code

30097-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564074

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin C. Duffy

Mailing Address 8419 S 109th E Ave

City

Tulsa

State

OK

Zip Code

74133-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564075

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gail E. Schupak

Mailing Address 333 E 30th St #21H

City

New York

State

NY

Zip Code

10016-6462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564076

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kathryn Lynn Bielik

Mailing Address 1614 N Leavitt St

City

Chicago

State

IL

Zip Code

60647-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564077

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Keith E. MacDonald

Mailing Address 6910 E Saddleback Cir

City

Mesa

State

AZ

Zip Code

85207-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564078

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Donald L. Feldman

Mailing Address 10 N Hill Dr

City

Lynnfield

State

MA

Zip Code

01940-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. A. Thomas Decker

Mailing Address One Ashpord Drive

City

Albany

State

NY

Zip Code

12203-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564080

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Todd A. Thayer

Mailing Address 22 N Oaks Rd

City

Saint Paul

State

MN

Zip Code

55127-6327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564081

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patricia L. Halloran

Mailing Address 53 Park Ave

City

Bronxville

State

NY

Zip Code

10708-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564082

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Timothy Robert Kuntz

Mailing Address 2423 Mohawk Dr

City

Sioux City

State

IA

Zip Code

51104-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564083

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tom H. Shelly

Mailing Address 714 15th Ave N

City

Fort Dodge

State

IA

Zip Code

50501-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564084

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patrick A. Niland

Mailing Address 264 E Mikyl Ridge Loop

City

Nampa

State

ID

Zip Code

83686-4952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564085

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mittida Raksanaves

Mailing Address 11267 N Canada Creek Dr

City

Tucson

State

AZ

Zip Code

85737-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564086

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lee M. Romine

Mailing Address 187 Beechwood Ln

City

Natchitoches

State

LA

Zip Code

71457-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564087

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert M. Rosen

Mailing Address 31 Meadowbrook Rd

City

Chatham

State

NJ

Zip Code

07928-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Sven Supplies

Mailing Address 68 Grist Mill Rd

City

Littleton

State

MA

Zip Code

01460-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564089

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven H. Tinsworth

Mailing Address 704 51st St NW

City

Bradenton

State

FL

Zip Code

34209-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564096

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence B. Evans

Mailing Address 1488 Brentford Cove

City

Snellville

State

GA

Zip Code

30078-6718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564097

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael W. Burke

Mailing Address 36026 Ravello Ct

City

Murrieta

State

CA

Zip Code

92562-4657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564098

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Wayne Engen

Mailing Address 18020 N Addison Ct

City

Colbert

State

WA

Zip Code

99005-8524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564099

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Warren T. Johnson, Jr.

Mailing Address 2211 Shannon Dr

City

Murfreesboro

State

TN

Zip Code

37129-1360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564100

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert W. Fry

Mailing Address 12340 Pflumm Rd

City

Olathe

State

KS

Zip Code

66062-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564101

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Valmy Pangrazio- Kulbersh

Mailing Address 1417 Cedar Bend Dr

City

Bloomfield Hills

State

MI

Zip Code

48302-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564102

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Mizell

Mailing Address 319 Longwoods Ln

City

Houston

State

TX

Zip Code

77024-5615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564103

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory W. Sanford

Mailing Address 91 Kettle Creek Rd

City

Weston

State

CT

Zip Code

06883-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564104

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Sasaki

Mailing Address 120 Capistrano Place

City

Los Gatos

State

CA

Zip Code

95032-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564105

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald N. Cummings

Mailing Address 1378 Timberlane Rd

City

Tallahassee

State

FL

Zip Code

32312-1766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564106

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James D. Harkins

Mailing Address 218 Windsor Dr

City

Coraopolis

State

PA

Zip Code

15108-3258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564107

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. Wilson

Mailing Address 1641 Plum Thicket Ln

City

West Des Moines

State

IA

Zip Code

50266-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564108

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward Stan Key

Mailing Address 1706 Cheyenne Tr

City

Graham

State

TX

Zip Code

76450-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564109

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David E. Paquette

Mailing Address 105 Masthead Ct

City

Mooreville

State

NC

Zip Code

28117-6043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564110

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas O. Burns

Mailing Address 1342 Lockwood Dr

City

Lafayette

State

IN

Zip Code

47905-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564111

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Corbin J. Turpin, III

Mailing Address 1402 E Georgia

City

Ruston

State

LA

Zip Code

71270-4079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Peter F. Bayer

Mailing Address 257 Miracle Strip Pkwy W

City

Mary Esther

State

FL

Zip Code

32569-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564113

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jennifer J. Lowney

Mailing Address 444 Fitchville Rd

City

Bozrah

State

CT

Zip Code

06334-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564114

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dorothy E. Whalen

Mailing Address 777 Remsen's Ln

City

Oyster Bay

State

NY

Zip Code

11771-4506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564115

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Calvin Harrington

Mailing Address 140 Treehaven St

City

Gaithersburg

State

MD

Zip Code

20878-5747

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	7

Transaction ID: 3564116

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William R. Caryl, Jr.

Mailing Address 210 Ellington Ct

City

Camillus

State

NY

Zip Code

13031-2049

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	7

Transaction ID: 3564117

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Todd H. Rankin

Mailing Address 801 Trilliums Hideaway

City

Trent Woods

State

NC

Zip Code

28562-8364

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	7

Transaction ID: 3564118

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael S. Apton

Mailing Address 5 N Ridge Road

City

Setauket

State

NY

Zip Code

11733-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564119

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Heather A. M. Woloshyn

Mailing Address PO Box 54175

City

Redondo

State

WA

Zip Code

98054-0175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564120

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shawn Lehman-Grimes

Mailing Address 304 N Oak St

City

Springfield

State

TN

Zip Code

37172-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 / 262

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Carly Cunningham

Mailing Address 3400 Welborn St #428

City

Dallas

State

TX

Zip Code

75219-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564127

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Hayes

Mailing Address 165 Hickory Tree Ct

City

Ballwin

State

MO

Zip Code

63011-3869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564128

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jack P. Devereux, Jr.

Mailing Address 100 Wycliff Ct

City

Slidell

State

LA

Zip Code

70461-5056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564132

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 / 262

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Sheila Birth

Mailing Address 2802 Summertree Ln

City

Colleyville

State

TX

Zip Code

76034-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564138

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sammy R. Bryan

Mailing Address 2200 Robinson Way

City

Huntsville

State

TX

Zip Code

77340-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564141

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Randall C. Welser

Mailing Address 3867 35th Ave Ct

City

Moline

State

IL

Zip Code

61265-7877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert S. Strange

Mailing Address 606 Lasswell Ct SW

City

Leesburg

State

VA

Zip Code

20175-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564145

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard A. Battistoni

Mailing Address 900 S Spring Ave

City

La Grange

State

IL

Zip Code

60525-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564146

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Harley Sebastian

Mailing Address 1035 Angelo Ct

City

Atlanta

State

GA

Zip Code

30319-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564148

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 27 / 262

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John M. Capogna

Mailing Address 1292 Merritts Rd

City

Farmingdale

State

NY

Zip Code

11735-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564150

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. J. Courtney Gorman

Mailing Address 2407 Overlook Rd

City

Marion

State

IN

Zip Code

46952-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564155

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Brian Indiveri

Mailing Address 13121 Cedar

City

Leawood

State

KS

Zip Code

66209-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564157

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 28 / 262

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael R. Bailey

Mailing Address 4134 Hili St

City

Lihue

State

HI

Zip Code

96766-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564158

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy Allen Theisen

Mailing Address 860 Biester Dr

City

Belvidere

State

IL

Zip Code

61008-4053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564159

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James E. Hatcher

Mailing Address 147 Inwood Tr

City

Madison

State

AL

Zip Code

35758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: 3564163

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 29 / 262

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Richard D. Christensen

Mailing Address 7025 Scenic Dr

City

Yakima

State

WA

Zip Code

98908-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564165

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mart Gaynor McClellan

Mailing Address 1133 Edgewood Rd

City

Lake Forest

State

IL

Zip Code

60045-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564178

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David C. Small

Mailing Address 7769 Pinecone Ln

City

Hickory

State

NC

Zip Code

28602-7491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin T. Race

Mailing Address N53 W34456 Rd Q

City

Okauchee

State

WI

Zip Code

53069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564183

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark James Kearns

Mailing Address 5 Shoff Ct

City

Mechanicsburg

State

PA

Zip Code

17055-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564188

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Warren M. Schacter

Mailing Address 24955 Lewis & Clark

City

Hidden Hills

State

CA

Zip Code

91302-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564190

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 31 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven M. Austin

Mailing Address 418 S Poplar St

City

Lincolnton

State

NC

Zip Code

28092-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564196

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Diana T. Malone

Mailing Address 26 Eton Green Cir

City

San Antonio

State

TX

Zip Code

78257-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564199

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Massimo Vincenzo Verduci

Mailing Address 1148 Lake Dr

City

Robbinsville

State

NJ

Zip Code

08691-4169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564200

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Chris Parkinson

Mailing Address 26702 Country Meadow Ln

City

Kennewick

State

WA

Zip Code

99338-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: 3564202

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Corey J. Teguis

Mailing Address 3 Orchard Ln

City

Kennebunk

State

ME

Zip Code

04043-6700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564209

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brett Edward Eckley

Mailing Address 209 Dogwood Ct

City

Daniels

State

WV

Zip Code

25832-9203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564210

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas H. Williams

Mailing Address PO Box 1241

City

Wewoka

State

OK

Zip Code

74884-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564212

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larson R. Keso

Mailing Address 3001 Ridgewood Dr

City

Edmond

State

OK

Zip Code

73013-8085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564217

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gul R. Lalwani

Mailing Address 32 Rollingwood Dr

City

Voorhees

State

NJ

Zip Code

08043-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John H. Ferguson

Mailing Address 163 P A Johns Rd NE
PO Box 850

City State Zip Code
Milledgeville GA 31061-7815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564226

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert L. Loeb

Mailing Address 716 Natures Way

City State Zip Code
Franklin Lakes NJ 07417-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564227

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce R. Molen

Mailing Address 714 W Hi Crest Dr

City State Zip Code
Auburn WA 98001-3835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564229

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kerry W. Kirsch

Mailing Address 928 Winterset Rd

City

Ebensburg

State

PA

Zip Code

15931-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564231

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert S. Martin

Mailing Address 11705 Woodland Drive

City

Lutherville

State

MD

Zip Code

21093-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564232

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Larry A. Okmin

Mailing Address 11048 Via Temprano

City

San Diego

State

CA

Zip Code

92124-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564234

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James L. Ferguson, Jr.

Mailing Address 118 Pebble View

City

Franklin

State

TN

Zip Code

37064-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564235

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Don R. Guest

Mailing Address 812 Hudis St

City

Rohnert Park

State

CA

Zip Code

94928-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564237

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William S. Lieber

Mailing Address 627 Mia Court

City

Danville

State

CA

Zip Code

94526-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564246

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas A. Daniels

Mailing Address 11898 Moore Woods Rd

City

Roscoe

State

IL

Zip Code

61073-9668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	7

Transaction ID: 3564256

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eloisa S. Garcia

Mailing Address 214 Keystone

City

River Forest

State

IL

Zip Code

60305-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	7

Transaction ID: 3564264

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William J. Kottemann

Mailing Address 835 Partenwood Rd

City

Orono

State

MN

Zip Code

55356-9730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	7

Transaction ID: 3564265

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. T. Barrett Trotter

Mailing Address 13 Bristlecone Way

City

Augusta

State

GA

Zip Code

30909-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564273

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Philbert C. Doleac, Jr.

Mailing Address 1927 NE Thompson

City

Portland

State

OR

Zip Code

97212-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564274

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Walter S. Vuchnich

Mailing Address 100 Bridlewood PI

City

Concord

State

NC

Zip Code

28025-9500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564277

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Richard D. Talbot

Mailing Address 5944 Granite Glen Ct

City

Granite Bay

State

CA

Zip Code

95746-6778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	7

Transaction ID: 3564286

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Barry Clower

Mailing Address 236 Smokerise Trace

City

Peachtree City

State

GA

Zip Code

30269-1378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	7

Transaction ID: 3564288

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William R. Hubbell, Jr.

Mailing Address 4010 Wildcat Rd

City

Croswell

State

MI

Zip Code

48422-9152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	7

Transaction ID: 3564308

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. R. Cree Hamilton

Mailing Address 1900 Fox Canyon Cir

City

Las Vegas

State

NV

Zip Code

89117-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564310

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. James J. Awbrey, IV

Mailing Address 1210 Troon Ct

City

Alpharetta

State

GA

Zip Code

30005-6959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564320

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. W. Ray Sprayberry

Mailing Address 426 Cordillera Trace

City

Boerne

State

TX

Zip Code

78006-5722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564321

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John L. Schuler

Mailing Address 4017 Tangleoaks Ct

City

Peoria

State

IL

Zip Code

61615-8909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564323

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David C. Spokane

Mailing Address 108 Brian Dr

City

Beaver

State

PA

Zip Code

15009-9794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: 3564325

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Pamela Johnson

Mailing Address 5448 Bending Oaks Pl

City

Downers Grove

State

IL

Zip Code

60515-4457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564329

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dennis Joseph Flanagan

Mailing Address 2376 Malmaison Rd

City

Belvidere

State

IL

Zip Code

61008-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564336

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Thomas Cavanaugh

Mailing Address 1848 Ashton Way

City

Chesterfield

State

MO

Zip Code

63005-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564339

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Williams

Mailing Address 130 Cedar Woods Trail

City

Canton

State

GA

Zip Code

30114-9793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564341

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. D. Spencer Pope

Mailing Address 19337 Cormoy Ln

City

Tinley Park

State

IL

Zip Code

60487-7716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564347

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John M. Kelley, Jr.

Mailing Address 2321 Winton Terrace West

City

Fort Worth

State

TX

Zip Code

76109-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564350

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Samuel G. Smith

Mailing Address 1662 S Lake Crest Way

City

Eagle

State

ID

Zip Code

83616-7142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564358

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Richard L. Molen

Mailing Address 11901 216th Ave Ct E

City

Bonney Lake

State

WA

Zip Code

98391-7273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564363

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Xiaohong Chu

Mailing Address 1429 Stillforest Dr

City

Allen

State

TX

Zip Code

75002-4955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564365

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Darren B. Ravassipour

Mailing Address 149 Littrell Dr

City

Medford

State

OR

Zip Code

97504-7785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564368

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Hilgers

Mailing Address 21163 W Green St

City

Buckeye

State

AZ

Zip Code

85396-7603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564371

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ron D. Wilson

Mailing Address 5761 Cleveland Hwy

City

Clermont

State

GA

Zip Code

30527-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564372

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Chalk Fry

Mailing Address 7438 Montgomery Rd

City

Cincinnati

State

OH

Zip Code

45236-4195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564373

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Louis J. Russo, Jr.

Mailing Address 135 Montadale Dr

City

Princeton

State

NJ

Zip Code

08540-7675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	7

Transaction ID: 3564379

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ernst K. Janzen

Mailing Address 2240 Chestnut Street

City

Northbrook

State

IL

Zip Code

60062-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	7

Transaction ID: 3564380

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. S. Edwin Noffel

Mailing Address 2435 Brookwood

City

Cape Girardeau

State

MO

Zip Code

63701-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	7

Transaction ID: 3564381

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel C. Peavy, Jr.

Mailing Address 627 Lamont

City

San Antonio

State

TX

Zip Code

78209-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564389

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Curtis Friedenber

Mailing Address 331 Sunset Dr

City

Cumberland

State

MD

Zip Code

21502-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564394

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Samuel B. Mayfield

Mailing Address 5124 North Dr

City

Moss Point

State

MS

Zip Code

39563-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564396

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert I. Schacter

Mailing Address 24955 Lewis & Clark Road

City

Hidden Hills

State

CA

Zip Code

91302-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564399

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel R. Fiehrer

Mailing Address Box 811

City

Helena

State

MT

Zip Code

59624-0811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis L. Granberry

Mailing Address 105 Darby Rd

City

Hattiesburg

State

MS

Zip Code

39402-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David E. Smith

Mailing Address 31550 Paseo Goleta

City

Temecula

State

CA

Zip Code

92592-6437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564410

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David A. Romeo

Mailing Address 6 Orchard Hill Rd

City

Norwalk

State

CT

Zip Code

06851-3421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564412

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Collons

Mailing Address 4310 Cherry Hills Lane

City

Tarzana

State

CA

Zip Code

91356-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564413

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William D. Paulus

Mailing Address 8568 MacKenzie Ave NW

City

North Canton

State

OH

Zip Code

44720-9526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564420

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert J. Manasse

Mailing Address 795 Brookwood Dr

City

Olympia Fields

State

IL

Zip Code

60461-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564422

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Terry Tippin

Mailing Address 4694 Carlton Dunes Dr #4

City

Fernandina Beach

State

FL

Zip Code

32034-5585

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564428

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Thomas Cohlma

Mailing Address 14805 Le Grande

City

Addison

State

TX

Zip Code

75001-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564429

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John S. Clark

Mailing Address 30 Emerald Row

City

Hattiesburg

State

MS

Zip Code

39402-7951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564431

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Murphy

Mailing Address 7 Mockingbird Ln

City

Hackettstown

State

NJ

Zip Code

07840-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564432

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Carroll L. Sherman

Mailing Address #2 Steeplechase Trl

City

Longview

State

TX

Zip Code

75605-7561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564434

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary R. Wolf

Mailing Address 204 S Main St

City

Milan

State

OH

Zip Code

44846-9478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564439

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gayle Glenn

Mailing Address 3922 Travis St #12

City

Dallas

State

TX

Zip Code

75204-1765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 3564449

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert N. Seebold

Mailing Address 5 Breezy Ct

City

Danville

State

PA

Zip Code

17821-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	7

Transaction ID: 3564455

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael G. Durbin

Mailing Address 408 Cherry Creek Ln

City

Prospect Heights

State

IL

Zip Code

60070-1095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: 3564469

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John M. Sleichter

Mailing Address 2761 Edgeview Rd

City

Muscatine

State

IA

Zip Code

52761-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 3564475

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David R. Behringer

Mailing Address 1366 Ironwood Ct

City

Defiance

State

OH

Zip Code

43512-8544

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564476

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lee W. Graber

Mailing Address 21350 W Lakeview Pkwy

City

Mundelein

State

IL

Zip Code

60060-9603

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564477

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard M. Garlitz

Mailing Address 3145 Laurel Ridge Rd NW

City

Hickory

State

NC

Zip Code

28601-9049

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Alvin J. Tight, II

Mailing Address 2116 NE 45th St

City

Fort Lauderdale

State

FL

Zip Code

33308-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 3564479

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce Kelly Reeder

Mailing Address 12300 NW Pecan Creek Dr

City

Lawton

State

OK

Zip Code

73505-9757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 3564480

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christian G. Zylinski

Mailing Address 3920 NW 68th

City

Oklahoma City

State

OK

Zip Code

73116-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 3564481

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lawrence A. Johnson

Mailing Address 1950 Cliffview Ct

City

Oshkosh

State

WI

Zip Code

54901-2579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564482

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. G. Michael Kabot

Mailing Address 2626 W Long Lake Rd

City

West Bloomfield

State

MI

Zip Code

48323-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564483

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brenda Chockley

Mailing Address 6805 E 117th PI S

City

Bixby

State

OK

Zip Code

74008-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564484

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Marvin G. Stephens, Jr.

Mailing Address 5801 Covey Ln

City

Tyler

State

TX

Zip Code

75703-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564485

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W. Vecere

Mailing Address 12 Romney Pl E

City

Cape May Court Hou

State

NJ

Zip Code

08210-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564486

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. A. Wright Pond, Sr.

Mailing Address 1025 Avon Ct

City

Colonial Heights

State

VA

Zip Code

23834-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564487

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Malcolm E. (Mac) Steen

Mailing Address 490 Ridge Blvd

City

Deland

State

FL

Zip Code

32724-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564488

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Iezman

Mailing Address 540 Coventry Rd

City

Kensington

State

CA

Zip Code

94707-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564489

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hani Thariani

Mailing Address 5031 Overlook Rd NW

City

Washington

State

DC

Zip Code

20016-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564490

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Hal C. Stevenson

Mailing Address 21011 James Long Ct

City

Richmond

State

TX

Zip Code

77469-6453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564491

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Ribarevski

Mailing Address 16 Tall Trees Ct

City

New Castle

State

PA

Zip Code

16105-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564492

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Darrell Keith Spilsbury

Mailing Address 198 Courtney Ann Dr

City

Henderson

State

NV

Zip Code

89074-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564493

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Shari N. Lisann

Mailing Address 60 Willow Cres

City

Brookline

State

MA

Zip Code

02445-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564494

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brian R. Jespersen

Mailing Address 2611 Domino Dr

City

Bismarck

State

ND

Zip Code

58503-0828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564495

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Mark Gamm

Mailing Address 2 Mayflower Ln

City

Sharon

State

MA

Zip Code

02067-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564496

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James B. Gray

Mailing Address 715 Shade Tree Terr

City

Roswell

State

GA

Zip Code

30075-7136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564497

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Barry M. Rosenberg

Mailing Address 10 Norwood Rd

City

West Hartford

State

CT

Zip Code

06117-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564498

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Kaplan

Mailing Address 6 Kempster Rd

City

Scarsdale

State

NY

Zip Code

10583-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Boyd Welton

Mailing Address 2402 W 12960 S

City

Riverton

State

UT

Zip Code

84065-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564500

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard A. Simms

Mailing Address 29654 Highpoint Road

City

Rancho Palos Verde

State

CA

Zip Code

90275-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564501

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William W. Roberts, III

Mailing Address 1505 Dolington Rd

City

Yardley

State

PA

Zip Code

19067-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564502

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph K. Vargo

Mailing Address 25 Forest Meadow Dr SW

City

Rome

State

GA

Zip Code

30165-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564503

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary W. Lippincott

Mailing Address 758 Black Walnut Ct

City

Sugar Grove

State

IL

Zip Code

60554-9279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564504

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Curtis A. Rohrer

Mailing Address 630 Lawrence Blvd E

City

Wabasha

State

MN

Zip Code

55981-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564505

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Greg R. Bennett

Mailing Address 29 Hoover Rd

City

Carlisle

State

PA

Zip Code

17015-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564506

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Darrel R. Sherman

Mailing Address 1200 Hillcrest

City

Longview

State

TX

Zip Code

75601-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564507

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul C. Perry

Mailing Address 2375 N Claiborne St

City

Sulphur

State

LA

Zip Code

70663-0601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Edward F. Ross, Jr.

Mailing Address 16 Hampton Hills Ln

City

Richmond

State

VA

Zip Code

23226-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564509

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy R. Pearson

Mailing Address 148 Erselia Tr

City

Alamo

State

CA

Zip Code

94507-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564519

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard B. Lines

Mailing Address 1909 W Relation

City

Safford

State

AZ

Zip Code

85546-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564520

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John A. Roshel, Jr.

Mailing Address 15 E Wedgeway Dr

City

Terre Haute

State

IN

Zip Code

47802-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564521

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John E. Roussalis, II

Mailing Address 1220 W 30th St

City

Casper

State

WY

Zip Code

82601-5372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564522

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Roald Victor Herwick, Jr.

Mailing Address 230 Covington Rd

City

Los Altos

State

CA

Zip Code

94024-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564523

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 67 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. K. George Ellassal

Mailing Address 12313 Swanhaven

City

Oklahoma City

State

OK

Zip Code

73170-4749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564524

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas A. Jolstad

Mailing Address 20770 Linwood Rd

City

Excelsior

State

MN

Zip Code

55331-9386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564525

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark S. Coican

Mailing Address 1830 Weber Rd

City

Malabar

State

FL

Zip Code

32950-3118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mark L. Dake

Mailing Address 6860 Private Rd 8900

City

West Plains

State

MO

Zip Code

65775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564527

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nancy L. Villa

Mailing Address 45 Laird Rd

City

Colts Neck

State

NJ

Zip Code

07722-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564528

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Maurice J. Belden

Mailing Address 176 Academy St

City

Presque Isle

State

ME

Zip Code

04769-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564529

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert (Tito) Alan Norris

Mailing Address 244 Canada Verde

City

San Antonio

State

TX

Zip Code

78232-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564530

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Philip J. Tighe

Mailing Address 1920 Nottingham Rd

City

Allentown

State

PA

Zip Code

18103-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564531

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Beau Boren

Mailing Address 1215 Country Club Dr

City

Midland

State

TX

Zip Code

79701-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564532

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert H. Perry

Mailing Address 3109 North Hills Blvd

City

Corinth

State

MS

Zip Code

38834-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564533

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Hanover, Jr.

Mailing Address 13713 Three Fathoms Bank

City

Corpus Christi

State

TX

Zip Code

78418-6351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564534

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Raymond M. Maxwell

Mailing Address 16619 117th Way

City

Redmond

State

WA

Zip Code

98052-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564535

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Melvyn M. Leifert

Mailing Address 14 Rutland Rd

City

Great Neck

State

NY

Zip Code

11020-1837

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564536

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory J. Jorgensen

Mailing Address 6420 Pojoaque NW

City

Albuquerque

State

NM

Zip Code

87120-2137

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564537

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Milan L. Khakhria

Mailing Address 920 Bayberry Point Dr

City

Plantation

State

FL

Zip Code

33324-3507

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564538

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven P. Hearne

Mailing Address 5000 Gardner Ln

City

Suffolk

State

VA

Zip Code

23434-7094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564539

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Victoria M. Switzer

Mailing Address 9716 Natalies Way

City

Ellicott City

State

MD

Zip Code

21042-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 3564542

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory A. Lacy

Mailing Address 1370 Western Ave

City

Morgantown

State

WV

Zip Code

26505-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564546

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John D. Callahan, Jr.

Mailing Address 4 Morton Rd

City

Syracuse

State

NY

Zip Code

13214-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 3564547

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark E. Hixson

Mailing Address 3501 Catalano Dr

City

Raleigh

State

NC

Zip Code

27607-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 3564548

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Geri R. Kohn-Hunter

Mailing Address 30 Morgan Ct

City

Rye

State

NH

Zip Code

03870-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 3564549

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kimber DeWitt

Mailing Address 4272 S Meridian

City

Mount Pleasant

State

MI

Zip Code

48858-9080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564550

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard A. Hovda

Mailing Address 7020 Hillcrest Dr

City

Wausau

State

WI

Zip Code

54401-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564551

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael S. Klein

Mailing Address 12001 W 183rd St

City

Bucyrus

State

KS

Zip Code

66013-9552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564552

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Rodney J. Klima

Mailing Address 9807 Flintridge Ct

City

Fairfax

State

VA

Zip Code

22032-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564553

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harold L. Frank

Mailing Address 13208 Jasmine Hill Terr

City

Rockville

State

MD

Zip Code

20850-3665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564554

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jodi L. Koford

Mailing Address 7210 E Orchard Grass Blvd

City

Crestwood

State

KY

Zip Code

40014-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles O. Rohrer

Mailing Address 15605 Martin Ave

City

Burnsville

State

MN

Zip Code

55306-5190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564556

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. W. Jim Moore, Jr.

Mailing Address 3024 Olive St

City

Pine Bluff

State

AR

Zip Code

71603-5438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564557

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott D. Hamilton

Mailing Address 5621 SW Urish Rd

City

Topeka

State

KS

Zip Code

66610-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564558

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony W. Savage

Mailing Address 857 Bishopsgate Ln

City

Virginia Beach

State

VA

Zip Code

23452-6181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564559

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David S. Williams

Mailing Address 2203 Golf Club Ln

City

Columbia

State

TN

Zip Code

38401-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564560

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary H.G. Walton

Mailing Address 3434 Churchill Rd

City

Raleigh

State

NC

Zip Code

27607-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564561

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael M. Taylor

Mailing Address 1 Victoria Ct

City

Roswell

State

NM

Zip Code

88201-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564562

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel K. Konishi

Mailing Address 282 E Tall Trees Ln

City

Palatine

State

IL

Zip Code

60067-7554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564563

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Liliana Mejia

Mailing Address 104 Bayberry Hills

City

McDonough

State

GA

Zip Code

30253-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564564

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven John Henseler

Mailing Address 1856 Lochaven Dr

City

Woodbury

State

MN

Zip Code

55125-9015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564565

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald K. Risinger

Mailing Address 8487 IH 10 West

City

Orange

State

TX

Zip Code

77630-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564566

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. DeWayne B. McCamish

Mailing Address 11 Ballard Bluff

City

Signal Mountain

State

TN

Zip Code

37377-2288

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564567

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Cramer L. Boswell

Mailing Address 19475 Kimberlin Rd

City

Abingdon

State

VA

Zip Code

24210-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564568

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Damon Warren De Arment

Mailing Address 804 Armistead St

City

Winchester

State

VA

Zip Code

22601-6703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564569

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Barry D. Raphael

Mailing Address 13 Moore Rd

City

Montville

State

NJ

Zip Code

07045-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564575

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jonathan C. Johnson

Mailing Address 2400 Chestnut St #3203

City

Philadelphia

State

PA

Zip Code

19103-4326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564576

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald M. Bellohusen

Mailing Address 50 Thornapple Dr

City

Elmira

State

NY

Zip Code

14903-7975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564577

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Justin Keith Bass

Mailing Address 119 Gregory Blvd #44

City

Norwalk

State

CT

Zip Code

06855-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564578

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Paul M. Cottone

Mailing Address 7709 Siple Ave

City

Fayetteville

State

NC

Zip Code

28304-0467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564579

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David W. Metzdorf

Mailing Address 5 Alloway Crt

City

Potomac

State

MD

Zip Code

20854-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564580

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joe E. Bowers

Mailing Address 2612 Tickery Ln

City

Harrison

State

AR

Zip Code

72601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564583

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen P. Shepard

Mailing Address 3401 Oakmont Dr

City

Harlingen

State

TX

Zip Code

78550-7833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564584

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Shoff

Mailing Address 13321 Tierra Hts

City

Redding

State

CA

Zip Code

96003-7489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564585

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Furman Hewitt

Mailing Address 515 Huntington Rd

City

Greenville

State

SC

Zip Code

29615-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564586

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dora T.W. Donovan

Mailing Address 22962 Mirabel Dr

City

Laguna Niguel

State

CA

Zip Code

92677-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564587

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur Najera

Mailing Address 1397 Santa Teresita

City

Santa Barbara

State

CA

Zip Code

93105-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564588

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John G. Kharouf

Mailing Address 23570 Wilderness Canyon Cir

City

Rapid City

State

SD

Zip Code

57702-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564589

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Randall Smith

Mailing Address 406 Crosslake Drive

City

Tullahoma

State

TN

Zip Code

37388-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564590

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George R. Babyak

Mailing Address 17710 SW 63rd Mn

City

Fort Lauderdale

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564591

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles E. Osborn

Mailing Address 2213 Parker St

City

Amarillo

State

TX

Zip Code

79109-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564592

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Frank K. Yorita

Mailing Address 6662 Doral Dr

City

Huntington Beach

State

CA

Zip Code

92648-6128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	7

Transaction ID: 3564593

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark J. Caplan

Mailing Address 306 Summit Ave

City

Summit

State

NJ

Zip Code

07901-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Transaction ID: 3564597

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rotho Angelakis

Mailing Address 901 S Northlake Dr

City

Hollywood

State

FL

Zip Code

33019-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Transaction ID: 3564598

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Aimee S. Skelton

Mailing Address 504 Alabama Ave SW

City

Fort Payne

State

AL

Zip Code

35967-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564599

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William D. Neale

Mailing Address 21 Paradise Point Rd

City

Shalimar

State

FL

Zip Code

32579-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564600

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Myron S. Graff

Mailing Address 18822 Rue Loire

City

Lutz

State

FL

Zip Code

33558-5354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564601

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. George B. Clarke, Jr.

Mailing Address 2599 W Lake Van Ness Cir

City

Fresno

State

CA

Zip Code

93711-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564602

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George E. Mayo, III

Mailing Address 607 Brookwood Ln

City

Goldsboro

State

NC

Zip Code

27534-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564603

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Todd A. Curtis

Mailing Address 7717 Crystal Springs Rd
PO Box 634

City

Woodstock

State

IL

Zip Code

60098-8051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564604

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Brehnan

Mailing Address 1886 Centro West

City

Tiburon

State

CA

Zip Code

94920-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564605

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jerry L. Boshell

Mailing Address 1201 Shades Cliff Rd

City

Jasper

State

AL

Zip Code

35504-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564606

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew D. Shelly

Mailing Address 1102 Summit Ave

City

Fort Dodge

State

IA

Zip Code

50501-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564607

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David L. Meyer

Mailing Address 2933 Spring Oaks Ct

City

Dubuque

State

IA

Zip Code

52001-7506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564608

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David M. Lebsack

Mailing Address 4710 Woodfield Dr

City

Saint Joseph

State

MO

Zip Code

64506-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564609

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark E. Blanchette

Mailing Address 1662 Fox Hill Rd

City

Lynchburg

State

VA

Zip Code

24503-6469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564615

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Goldman

Mailing Address 27 Birch Ct

City

Ridgefield

State

CT

Zip Code

06877-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564616

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Devek Kent Frech

Mailing Address 4802 Windsong Dr

City

Wichita Falls

State

TX

Zip Code

76310-3079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564617

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen D. Schasker

Mailing Address 4702 Ferris Ave

City

Madison

State

WI

Zip Code

53716-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564618

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Bennion

Mailing Address 2152 St Andrews Dr

City

State

Zip Code

Billings

MT

59105-3627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564619

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth A. Shimizu

Mailing Address 13060 Paramount Ct

City

State

Zip Code

Saratoga

CA

95070-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564620

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Corey Christopher Conrad

Mailing Address 4640 Park

City

State

Zip Code

West Des Moines

IA

50265-5329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564621

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Debra Fink

Mailing Address 7849 Balson

City

Saint Louis

State

MO

Zip Code

63130-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564622

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Vance J. Dykhous

Mailing Address 5485 NE Northgate Crossing

City

Lees Summit

State

MO

Zip Code

64064-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564623

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Kevin Grabouski

Mailing Address 4838 Bradford Ln

City

Sioux City

State

IA

Zip Code

51106-9526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564624

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Brustein

Mailing Address 4803 Patterson St

City

Bridgewater

State

NJ

Zip Code

08807-5543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564625

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas H. Cartledge, III

Mailing Address 417 N Beach St

City

Ormond Beach

State

FL

Zip Code

32174-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564626

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brad Twaddle

Mailing Address 3705 Hunter Valley Dr

City

Columbia

State

MO

Zip Code

65203-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564627

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James M. Welden, Jr.

Mailing Address 104 Lancaster Ct

City

Dothan

State

AL

Zip Code

36305-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564628

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nathan M. Downey

Mailing Address 4839 Rays Cir

City

Dublin

State

OH

Zip Code

43016-6069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 3564630

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory D. Schardt

Mailing Address 7057 Mullinshire Way

City

Machesney Park

State

IL

Zip Code

61115-7638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564634

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kara Hobson

Mailing Address 2447 NW Johnson St #2

City

Portland

State

OR

Zip Code

97210-3395

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564635

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brian A. Schlueter

Mailing Address 12111 Tesson Ferry Professional Ce

City

Saint Louis

State

MO

Zip Code

63128-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564636

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Douglas S. Ainslie

Mailing Address 2951 Beacon Hill Dr

City

West Linn

State

OR

Zip Code

97068-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Barry E. Booth

Mailing Address 439 Sunset Ave

City

La Grange

State

IL

Zip Code

60525-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564639

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph K. Buchanan

Mailing Address 25 Kemp Ct

City

Alamo

State

CA

Zip Code

94507-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564640

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Harold G. Edwards

Mailing Address 167 Lagoon Dr E

City

Lido Beach

State

NY

Zip Code

11561-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564643

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Todd L. Hamilton

Mailing Address 269 Wester Brewlands

City

Iron Station

State

NC

Zip Code

28080-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564644

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Ernest Crutchfield, II

Mailing Address 12609 Tolman Rd

City

Fairfax

State

VA

Zip Code

22033-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564645

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Albert Phillip Cavallari

Mailing Address 387 High St

City

Lockport

State

NY

Zip Code

14094-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564646

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph M. Arvay

Mailing Address 5 Blachley Cir

City

Mendham

State

NJ

Zip Code

07945-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564647

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald Ray Montano

Mailing Address 5812 Alfred Harrell Hwy

City

Bakersfield

State

CA

Zip Code

93308-9650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564648

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. R. Steven Powell

Mailing Address 5466 Kiokke Springs Dr

City

Evans

State

GA

Zip Code

30809-7420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564649

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W. Jordan

Mailing Address 1040 Lake Shore Overlook

City

Alpharetta

State

GA

Zip Code

30005-6984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564650

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Valerie Bowser Fajen

Mailing Address 601 Cox Road

City

Lufkin

State

TX

Zip Code

75904-4767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564651

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William R. Hyman

Mailing Address 3533 W Beverly Blvd

City

Montebello

State

CA

Zip Code

90640-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564652

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Marshall Fleer

Mailing Address 7 Dorolee Dr

City

East Brunswick

State

NJ

Zip Code

08816-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564655

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert T. Caskey

Mailing Address 3420 S Moore Cir

City

Flagstaff

State

AZ

Zip Code

86001-8901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564656

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kimberly J. McNeal

Mailing Address 632 CR 43400

City

Paris

State

TX

Zip Code

75462-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564657

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Danny Terry Smith

Mailing Address 107 Seward St

City

Thomasville

State

GA

Zip Code

31792-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564658

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Jeffrey Weinberg

Mailing Address 21 Jay Ct

City

Sayville

State

NY

Zip Code

11782-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564659

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael K. Phelan

Mailing Address 7325 Beaumont Ter

City

Suwanee

State

GA

Zip Code

30024-5376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564661

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lavonne K. Fore

Mailing Address 18 Bridgeview Dr SE

City

Rome

State

GA

Zip Code

30161-8471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564662

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Meyer

Mailing Address 110 Widecombe Ct

City

Cary

State

NC

Zip Code

27513-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564663

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles C. Low

Mailing Address 1824 Via Del Rey

City

South Pasadena

State

CA

Zip Code

91030-4150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen J. Belli

Mailing Address 647 Rustic Knoll Dr

City

Kent

State

OH

Zip Code

44240-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564667

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Benjamin F. Lowe, Jr.

Mailing Address 309 Stonewyck Dr

City

Burlington

State

NC

Zip Code

27215-4465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564668

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ross W. Stryker

Mailing Address PO Box 1193

City

Lebanon

State

MO

Zip Code

65536-1193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 262

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jose W. Cordero

Mailing Address Urb Los Versalles #2068
Bo Miradero

City State Zip Code
Mayaguez PR 00680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564670

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark P. Hatala

Mailing Address 31 Virginia Ave

City State Zip Code
Binghamton NY 13905-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564672

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jonathan S. Cooper

Mailing Address 11419 S Oxford Ave

City State Zip Code
Tulsa OK 74137-7744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564673

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dennis W. Trammell

Mailing Address 35896 Ellington Dr

City

Springfield

State

OR

Zip Code

97478-8230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564674

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen Robert Nelson

Mailing Address 4405 Highland Rd

City

Minnetonka

State

MN

Zip Code

55345-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564676

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Benson H. Wong

Mailing Address 840 Robin Ln

City

Millbrae

State

CA

Zip Code

94030-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 3564677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Janowski

Mailing Address 2930 Oak Hill Ct

City

Lima

State

OH

Zip Code

45805-4474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564678

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jennifer Martin

Mailing Address 42 Gentle Creek Pl

City

Danville

State

CA

Zip Code

94526-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564680

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John J. Sahlaney

Mailing Address 425 Pine Valley Drive

City

Bridgeville

State

PA

Zip Code

15017-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564681

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 262

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lew B. Sample

Mailing Address 1305 Brindwood Ln SE

City

Decatur

State

AL

Zip Code

35601-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564682

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karl William Weiss

Mailing Address 205 William Dr

City

Canonsburg

State

PA

Zip Code

15317-5205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564683

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James S. Henderson, III

Mailing Address 183 Balboa Dr

City

Hattiesburg

State

MS

Zip Code

39402-9505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564684

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 109 / 262

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Yakov S. Eisenberger

Mailing Address One Hanson Pl #1308

City

Brooklyn

State

NY

Zip Code

11243-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564685

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patricia Vayda

Mailing Address 5601 Oaklawn Ave

City

Edina

State

MN

Zip Code

55424-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564686

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan Park

Mailing Address 709 N Main St

City

North Syracuse

State

NY

Zip Code

13212-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564687

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 262

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeri Lynnette Stull

Mailing Address 55 Walden Lane

City

Fort Thomas

State

KY

Zip Code

41075-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564691

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Erin L. McCutchen

Mailing Address 3101 Childers St

City

Raleigh

State

NC

Zip Code

27612-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564692

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary Dean Mundy

Mailing Address 900 Singing Hills Dr

City

El Paso

State

TX

Zip Code

79912-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564693

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 262

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Deborah R. New

Mailing Address 123 Loyalist Ave

City

Rochester

State

NY

Zip Code

14624-4966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564694

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dana E. Fender

Mailing Address PO Box 1980

City

Douglas

State

GA

Zip Code

31534-1980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564695

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William R. Beam

Mailing Address 1530 W Melrose

City

Chicago

State

IL

Zip Code

60657-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564697

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 112 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William Duke Wright

Mailing Address 4644 W Hillside Dr

City

Vernal

State

UT

Zip Code

84078-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564698

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Audrey M. Boutros

Mailing Address 4124 Emory St

City

Houston

State

TX

Zip Code

77005-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564699

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric R. Overby

Mailing Address 1000 8th Ave NW

City

Austin

State

MN

Zip Code

55912-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564700

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Nelson Hu

Mailing Address 2499 Neptune Ct

City

Tracy

State

CA

Zip Code

95304-5912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564701

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald W. Hunt, Jr.

Mailing Address 232 Camille Ave

City

Greenville

State

SC

Zip Code

29605-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564702

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory A. McKenna

Mailing Address 22 Lyndenwood Dr

City

Brookfield

State

CT

Zip Code

06804-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564703

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Paul W. Sproul

Mailing Address 106 Indian Crest Dr

City

Madison

State

AL

Zip Code

35758-7951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564704

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Solow

Mailing Address 990 City Line Ave

City

Wynnewood

State

PA

Zip Code

19096-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564705

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Travis Q. Harshman

Mailing Address 7777 Hunters Way Ct

City

Ada

State

MI

Zip Code

49301-8350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564706

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Keith Smedley

Mailing Address 630 Beaumont Cir

City

West Chester

State

PA

Zip Code

19380-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	7

Transaction ID: 3564709

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Corbett K. Stephens

Mailing Address 2933 Shenandoah

City

Tyler

State

TX

Zip Code

75701-6536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564711

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sean P. Connolly

Mailing Address 2 Foster Rd

City

Merrimack

State

NH

Zip Code

03054-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Transaction ID: 3564712

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Wayne Wyatt

Mailing Address 24115 S Meadowview Ct

City

Claremore

State

OK

Zip Code

74019-4117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564713

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Matthew C. Mayers

Mailing Address 2544 Breezewood Ln

City

Lima

State

OH

Zip Code

45805-3893

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564714

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Maria C. Castano-Rendon

Mailing Address 344 Park Valley Dr

City

Coppell

State

TX

Zip Code

75019-5374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564715

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Darron Mortenson

Mailing Address 3879 E Timberline Rd

City

Gilbert

State

AZ

Zip Code

85297-9569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564716

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dana Anne Gamblin

Mailing Address 1815 61st Ave #101

City

Greeley

State

CO

Zip Code

80634-7995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564719

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence S. Harte

Mailing Address 100 W Mount Pleasant Ave

City

Livingston

State

NJ

Zip Code

07039-2971

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564720

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Leon Nehmad

Mailing Address 8806 Atlantic Ave

City

Margate City

State

NJ

Zip Code

08402-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564721

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Perry M. Opin

Mailing Address 520 Sportsmans Rd

City

Orange

State

CT

Zip Code

06477-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564723

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gerald W. Springstead

Mailing Address 11110 Ponce De Leon

City

Brooksville

State

FL

Zip Code

34601-8640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564725

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jimmy C. Boley

Mailing Address 1106 High Vista Ln

City

Richardson

State

TX

Zip Code

75080-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564726

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lamon A. Stewart, Jr.

Mailing Address 24 Chesapeake Landing

City

Annapolis

State

MD

Zip Code

21403-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	7

Transaction ID: 3564727

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Hayward

Mailing Address 114 Old Oak Dr

City

North Barrington

State

IL

Zip Code

60010-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564728

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Charles E. Pritchett

Mailing Address 13438 Pilot Ln

City

McCordsville

State

IN

Zip Code

46055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564730

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tom Hartman

Mailing Address 4028 Caravelle

City

Anchorage

State

AK

Zip Code

99502-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564731

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John S. Kanyusik

Mailing Address 201 Indian Hill Rd

City

Mankato

State

MN

Zip Code

56001-8940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564732

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 121 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ralph C. Del Priore

Mailing Address Mariane Ct

City

Alpine

State

NJ

Zip Code

07620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564733

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Calvin K. Heinrich

Mailing Address 7917 Ben Hogan Dr

City

Las Vegas

State

NV

Zip Code

89149-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564734

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James D. Kaley

Mailing Address 3910 Hazel Ln

City

Greensboro

State

NC

Zip Code

27408-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564735

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 122 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth H. Peterson

Mailing Address 1409 Ambleside Cir

City

Naperville

State

IL

Zip Code

60540-0317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564737

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. A. Phillip Samuels

Mailing Address 505 Skyview Cir

City

Norfolk

State

NE

Zip Code

68701-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564738

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. Leonard

Mailing Address 20 Algonquin Ave

City

Andover

State

MA

Zip Code

01810-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564739

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Henry DiLorenzo

Mailing Address 1201 Swan Harbour Cir

City

Fort Washington

State

MD

Zip Code

20744-7027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	7

Transaction ID: 3564741

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert D. Scott, Jr.

Mailing Address 20 Mine Brook Rd

City

Colts Neck

State

NJ

Zip Code

07722-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	7

Transaction ID: 3564742

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Earl L. Haller

Mailing Address 2145 Los Gatos Almaden Rd

City

San Jose

State

CA

Zip Code

95124-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	9	/	2	0	0	7

Transaction ID: 3564743

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. J. Anthony Quinn

Mailing Address PO Box 771

City

Waverly

State

PA

Zip Code

18471-0771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564744

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. C. Robert Henry, Jr.

Mailing Address 3605 Northfield Dr

City

Midland

State

TX

Zip Code

79707-4553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564745

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James F. Hoag

Mailing Address 5308 E 22nd St

City

Casper

State

WY

Zip Code

82609-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Transaction ID: 3564746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dale V. Rhoney

Mailing Address 1414 Country Commons

City

Lake Oswego

State

OR

Zip Code

97034-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564747

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Theodore R. Pope

Mailing Address 573 David Pkwy

City

Kettering

State

OH

Zip Code

45429-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564750

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stanley Gersch

Mailing Address 39 Scudder Road

City

Westfield

State

NJ

Zip Code

07090-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564753

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gary R. Baughman

Mailing Address 4011 Fort Donelson Dr

City

Stockton

State

CA

Zip Code

95219-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564754

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis D. Sommers

Mailing Address 1418 Cook Dr

City

Minot

State

ND

Zip Code

58701-6827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564755

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Rovner

Mailing Address 812 38th Street

City

West Des Moines

State

IA

Zip Code

50265-3178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564756

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Rand D. Brown

Mailing Address 7861 S Siesta Dr

City

Sandy

State

UT

Zip Code

84093-6204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564757

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. L. R. Fuqua, Jr.

Mailing Address 505 N Kentucky St

City

Kingston

State

TN

Zip Code

37763-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564758

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert G. Wertz

Mailing Address 136 Schaeffer Rd

City

Newmanstown

State

PA

Zip Code

17073-8954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert R. Youngquist

Mailing Address 585 N Lakeshore Dr

City

Fontana

State

WI

Zip Code

53125-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564761

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John W. Moore

Mailing Address 4263 NE 73rd

City

Seattle

State

WA

Zip Code

98115-6033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564762

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John F. Buzzatto

Mailing Address 4012 Letort Lane

City

Allison Park

State

PA

Zip Code

15101-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 3564764

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph T. Mellon

Mailing Address 2820 Round Hill Dr

City

Akron

State

OH

Zip Code

44333-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564765

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph J. Shadeed

Mailing Address 452 Pleasant Lane

City

Bucyrus

State

OH

Zip Code

44820-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 3564766

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dona M. Seely

Mailing Address 16730 Shore Dr N E

City

Lake Forest Park

State

WA

Zip Code

98155-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564767

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Loring L. Ross

Mailing Address 212 81st Ave N

City

Myrtle Beach

State

SC

Zip Code

29572-4340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564768

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert R. Westbrook, Jr.

Mailing Address 317 Tracy Ln

City

Victoria

State

TX

Zip Code

77904-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564769

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Benjamin E. Foster

Mailing Address 620 Southern Trace Pkwy

City

Shreveport

State

LA

Zip Code

71106-9323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564770

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James E. Compton

Mailing Address 2745 Racquet Club Dr

City

Midland

State

TX

Zip Code

79705-7433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Transaction ID: 3564771

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roger A. Grace

Mailing Address 43 Longwood Dr

City

Shalimar

State

FL

Zip Code

32579-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	7

Transaction ID: 3564772

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward A. Cronauer

Mailing Address 3010 Sorrel Ct

City

Weston

State

FL

Zip Code

33331-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	7

Transaction ID: 3564773

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gary J. Romeo

Mailing Address 420 Birch Rd

City

Fairfield

State

CT

Zip Code

06824-6725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564775

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hugh R. Phillis

Mailing Address 10 Poliquin Dr

City

Nashua

State

NH

Zip Code

03062-2264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564777

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Guevara

Mailing Address 59050 Cypress Bayou Ln

City

Lacombe

State

LA

Zip Code

70445-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564778

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dennis C. Hiller

Mailing Address 93 Hiller Rd
PO Box 518

City State Zip Code
Jackson NH 03846-0518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564779

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dean M. Bartlett

Mailing Address 177 Hartman Rd

City State Zip Code
Hudson Falls NY 12839-9409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564780

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Amy D. Rockhill

Mailing Address 2310 Maiden Ln SW

City State Zip Code
Roanoke VA 24015-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Sharon K. Hayes

Mailing Address 421 Mulberry St

City

Williamsport

State

PA

Zip Code

17701-6311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564782

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark F. Bellard

Mailing Address 1730 Karen Ln

City

Beaumont

State

TX

Zip Code

77706-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564783

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peder A. Gaalaas

Mailing Address 1007 NW 4th Ave

City

Grand Rapids

State

MN

Zip Code

55744-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564785

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David W. Johnson

Mailing Address 617 Dublin Way

City

Alameda

State

CA

Zip Code

94502-7445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564786

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. C. William Dabney

Mailing Address 3911 Sulgrave Rd

City

Richmond

State

VA

Zip Code

23221-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564787

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John T. Bachmann

Mailing Address 104 Equestrian Ln

City

Madison

State

AL

Zip Code

35758-6270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Transaction ID: 3564788

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas L. Ahman

Mailing Address 2777 Shagbark Dr

City

Lima

State

OH

Zip Code

45806-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564789

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin L. Denis

Mailing Address 61 Pine St

City

Mahtomedi

State

MN

Zip Code

55115-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564790

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven L. Hechler

Mailing Address 11533 Canterbury Cir

City

Leawood

State

KS

Zip Code

66211-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Transaction ID: 3564791

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Terrie T. Yoshikane

Mailing Address PO Box 675685

City

Rancho Santa Fe

State

CA

Zip Code

92067-5685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564792

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John L. Hayes

Mailing Address 421 Mulberry St

City

Williamsport

State

PA

Zip Code

17701-6311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564793

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Mayhew

Mailing Address 167 Glendale Dr

City

Boone

State

NC

Zip Code

28607-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564795

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Claude R. Stephens, Jr.

Mailing Address 4360 Red Oak Cir

City

Midlothian

State

TX

Zip Code

76065-4860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 3564797

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alvin F. Weidman, Jr.

Mailing Address 3965 Eastlake Dr

City

Morgantown

State

WV

Zip Code

26508-8673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 3564798

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard P. Fisher

Mailing Address 451 Marnie Ln

City

Peshtigo

State

WI

Zip Code

54157-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	7

Transaction ID: 3564801

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James Richard Karpac

Mailing Address 5816 Leven Links

City

Dublin

State

OH

Zip Code

43017-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	7

Transaction ID: 3564802

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. W. Michael Thomas

Mailing Address 43 Moharimet Dr

City

Madbury

State

NH

Zip Code

03823-7578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 3564805

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Leon E. Souweine

Mailing Address 72 Broadway

City

Bangor

State

ME

Zip Code

04401-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: 3564806

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David W. Wardlaw

Mailing Address 6 River Ridge Rd

City

Little Rock

State

AR

Zip Code

72227-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564807

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William P. O'Gara

Mailing Address 505 Hammill Ln

City

Reno

State

NV

Zip Code

89511-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564808

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Jay Smiley

Mailing Address 1035 Willis Rd

City

Spartanburg

State

SC

Zip Code

29301-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564809

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David C. McReynolds

Mailing Address 925 Ridge Ct

City

Keller

State

TX

Zip Code

76248-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564810

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas W. Vayda

Mailing Address 5601 Oaklawn Ave

City

Edina

State

MN

Zip Code

55424-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564811

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven S. Banks

Mailing Address 6050 N Avondale

City

Chicago

State

IL

Zip Code

60631-2477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564812

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kay W. O'Leary

Mailing Address 18590 Arapahoe Cir

City

Port Charlotte

State

FL

Zip Code

33948-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564814

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tom Atkinson, Jr.

Mailing Address 168 Chapman Rd

City

Greenville

State

SC

Zip Code

29605-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564815

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. S. Kendall Dunn

Mailing Address 256 Timberlane Rd

City

Pike Road

State

AL

Zip Code

36064-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 143 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert M. Merrill

Mailing Address 1026 N Fairview Pl

City

East Wenatchee

State

WA

Zip Code

98802-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564817

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Greg C. Nalchajian

Mailing Address 1080 E Kelso Ave

City

Fresno

State

CA

Zip Code

93720-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564818

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert M. Cuenin

Mailing Address 18 Gary Way

City

Alamo

State

CA

Zip Code

94507-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564819

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Marie Bond Farrar

Mailing Address 7333 Noah Reid Rd

City

Chattanooga

State

TN

Zip Code

37421-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564820

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dale Edward Fehr

Mailing Address 85 Kennelworth Cir

City

Hampton

State

IL

Zip Code

61256-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564821

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James W. Logeman

Mailing Address 11988 Antietam Dr

City

Loveland

State

OH

Zip Code

45140-7118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564823

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Benton James Runquist

Mailing Address 307 Grande Ave

City

Davis

State

CA

Zip Code

95616-0211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564824

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy F. Buckley

Mailing Address 2659 West Avenue 0-4

City

Palmdale

State

CA

Zip Code

93551-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564825

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert F. Girgis

Mailing Address 1315 Brittany Ave

City

Naperville

State

IL

Zip Code

60540-8387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564826

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jerome A. Jarosz

Mailing Address 208 W Plum Grove Cir

City

Arlington Heights

State

IL

Zip Code

60004-1373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564827

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clark D. Colville

Mailing Address 905 N Camp St

City

Sequin

State

TX

Zip Code

78155-4553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564828

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shari L. Wolsky

Mailing Address 35430 Spicebush Ln

City

Solon

State

OH

Zip Code

44139-5060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564829

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Hilton Goldreich

Mailing Address 2204 Bradbury Ct

City

Plano

State

TX

Zip Code

75093-4351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564830

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bret E. Cooper

Mailing Address 13602 Black Bear Ln NW

City

Bemidji

State

MN

Zip Code

56601-6090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564831

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Debra Dobbs

Mailing Address PO Box 807

City

Saint James

State

NY

Zip Code

11780-0807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564832

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Louis Merritt

Mailing Address 1901 NW Military #110

City

San Antonio

State

TX

Zip Code

78213-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564833

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Luis J. Alvarez

Mailing Address 1704 Cortland Ln

City

Bethlehem

State

PA

Zip Code

18015-9065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: 3564835

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Donald C. Wilson

Mailing Address 3132 SW Westover Rd

City

Topeka

State

KS

Zip Code

66604-2587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564836

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Nelson

Mailing Address 16508 9th PI NW

City

Shoreline

State

WA

Zip Code

98177-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564837

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy G. Wilson

Mailing Address 11429 Pleasant Valley Rd

City

Smithsburg

State

MD

Zip Code

21783-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564838

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Deborah D. Royse

Mailing Address 266 Allen's Ridge Dr E

City

Palm Harbor

State

FL

Zip Code

34683-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564839

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Paul W. Reed

Mailing Address 929 Michigan St

City

Petoskey

State

MI

Zip Code

49770-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564840

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lori Anderson Aiosa

Mailing Address 1894 Osprey Bluff Blvd

City

Orange Park

State

FL

Zip Code

32003-7937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564841

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michiel J. Nuveen

Mailing Address 5691 Adams Dr

City

Grand Forks

State

ND

Zip Code

58201-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564845

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John Charles Pritchett

Mailing Address 11980 Bluestone Dr

City

Indianapolis

State

IN

Zip Code

46236-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564846

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Angela R. Becker

Mailing Address 3619 N County Line Rd W

City

Huntertown

State

IN

Zip Code

46748-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564847

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Joseph Borgula

Mailing Address 5805 24 Mile Rd #D

City

Shelby Township

State

MI

Zip Code

48316-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564848

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Frank R. Besson, Jr.

Mailing Address 31 Allenby Ln

City

Scotch Plains

State

NJ

Zip Code

07076-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564850

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Jay Eckhardt

Mailing Address 422 Connin St

City

Bryan

State

OH

Zip Code

43506-1585

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564853

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony Rinaldi

Mailing Address 5755 Richmond Park Dr

City

Mason

State

OH

Zip Code

45040-7293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564857

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Patricia Garcia-Morales

Mailing Address 2316 Middlecoff

City

Laredo

State

TX

Zip Code

78045-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564858

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Darrick A. Brown

Mailing Address 3107 E Hardies Rd

City

Gibsonia

State

PA

Zip Code

15044-8424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564859

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Preston D. Miller, III

Mailing Address 19 Northwood Ave

City

Jackson

State

TN

Zip Code

38301-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Shanker

Mailing Address 9 High Acres Dr

City

Saint Louis

State

MO

Zip Code

63132-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564861

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. S. Russell Mullen

Mailing Address 43093 Candlewick Sq

City

Leesburg

State

VA

Zip Code

20176-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564862

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Colin S. Gibson

Mailing Address 3550 E 100th Ct

City

Thornton

State

CO

Zip Code

80229-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564863

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. J. Scott Malone

Mailing Address 26 Eton Green Cir

City

San Antonio

State

TX

Zip Code

78257-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564864

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shawn M. Perce

Mailing Address 26220 Marsh Landing Pkwy

City

Ponte Vedra

State

FL

Zip Code

32082-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564865

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeremy R. Fry

Mailing Address 606 Winnebago Dr

City

Lake Winnebago

State

MO

Zip Code

64034-9419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564866

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 156 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Eugene L. Dellinger

Mailing Address 1326 Old Lantern Tr

City

Fort Wayne

State

IN

Zip Code

46845-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564867

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. Robinson

Mailing Address 5160 S Island View

City

Brimley

State

MI

Zip Code

49715-9409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564868

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ross D. Christensen

Mailing Address 1056 Prospect Blvd

City

Waterloo

State

IA

Zip Code

50701-4930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564869

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. George Menken

Mailing Address 11 Elaine Dr

City

New City

State

NY

Zip Code

10956-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564870

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gerald Schwartz

Mailing Address 6 Yorktown Pl

City

Northport

State

NY

Zip Code

11768-2550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564871

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur A. Dugoni

Mailing Address 7 Woodridge Ct

City

Redwood City

State

CA

Zip Code

94061-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564872

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David L. Turpin

Mailing Address 3002 S W 300th PI

City

Federal Way

State

WA

Zip Code

98023-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564875

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. R. Maurice Downs

Mailing Address 5650 S W 87th St

City

Miami

State

FL

Zip Code

33143-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564876

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. R.G. (Wick) Alexander

Mailing Address 4013 Shady Valley Dr

City

Arlington

State

TX

Zip Code

76013-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564877

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. W. Bonham Magness

Mailing Address 12211 Perthshire

City

Houston

State

TX

Zip Code

77024-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564878

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harold J. Koppel

Mailing Address 110 Jeff Dr

City

Hot Springs

State

AR

Zip Code

71901-7253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564879

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William C. Gaylord

Mailing Address 1759 W Stevanna Way

City

Flagstaff

State

AZ

Zip Code

86001-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. George C. Chipain

Mailing Address 421 Barclay Ct

City

Elmhurst

State

IL

Zip Code

60126-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564881

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Derick T. Tagawa

Mailing Address 9331 Monte Puesto Dr

City

Whittier

State

CA

Zip Code

90603-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Transaction ID: 3564883

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clifford E. Campbell

Mailing Address 2117 Miller Landing Rd

City

Tallahassee

State

FL

Zip Code

32312-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564885

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Fred A. Booth, Jr.

Mailing Address 112 Parkview Ave

City

Fayetteville

State

NC

Zip Code

28305-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Transaction ID: 3564887

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles K. Wear

Mailing Address 5350 Idlewood Rd

City

Santa Rosa

State

CA

Zip Code

95404-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: 3564888

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Walter H. Dickes

Mailing Address 47 Park St

City

Ellsworth

State

ME

Zip Code

04605-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	7

Transaction ID: 3564890

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert E. Brossman

Mailing Address 115 Oakmont Hills

City

Wheeling

State

WV

Zip Code

26003-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564891

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph C. Forsman

Mailing Address 3809 96th St

City

Lubbock

State

TX

Zip Code

79423-3921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564892

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Barry H. Grayson

Mailing Address 333 E 30th St #17L

City

New York

State

NY

Zip Code

10016-6458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564895

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth F. Freer

Mailing Address 4500 Green Valley Rd

City

Fairfield

State

CA

Zip Code

94534-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564897

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James H. Lovell

Mailing Address 290 Westmont

City

West Hartford

State

CT

Zip Code

06117-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564898

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. L. Donald Mayer

Mailing Address 500 N Jackson At Guadalupe

City

La Grange

State

TX

Zip Code

78945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564899

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William D. Petty

Mailing Address 7550 Woodland Ct

City

Burr Ridge

State

IL

Zip Code

60527-5151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564900

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. C. Jeffrey Bowman

Mailing Address 10146 Greensward Link

City

Ijamsville

State

MD

Zip Code

21754-9636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564902

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary H. Shanker

Mailing Address 10 Dumbarton

City

Saint Louis

State

MO

Zip Code

63132-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564903

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John E. Murphy

Mailing Address 870 Colcord Place

City

Glen Ellyn

State

IL

Zip Code

60137-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	7

Transaction ID: 3564905

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David C. Becka

Mailing Address 4601 Post Oak Dr

City

Frisco

State

TX

Zip Code

75034-5130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	7

Transaction ID: 3564907

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City

Lincoln

State

RI

Zip Code

02865-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Transaction ID: 3564908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Craig C. Lewis

Mailing Address 1757 Lee Janzen Dr

City

Kissimmee

State

FL

Zip Code

34744-3954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564910

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wayne M. Bauknight

Mailing Address 2020 Greenbrook Pkwy

City

Matthews

State

NC

Zip Code

28104-7745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 3564911

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John S. Kacewicz

Mailing Address 225 Narragansett Bay Ave

City

Warwick

State

RI

Zip Code

02889-6725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564914

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Sammy A. Caves

Mailing Address 9240 River Rd

City

Fortson

State

GA

Zip Code

31808-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564915

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John C. Pryse, Jr.

Mailing Address 304 Franklin Pl

City

Clinton

State

TN

Zip Code

37716-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564916

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hendrik F. Blom

Mailing Address 9716 Weddington Cir

City

Granite Bay

State

CA

Zip Code

95746-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas S. Dietrich

Mailing Address 1267 Marian Ct

City

State

Zip Code

Alliance

OH

44601-2789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564922

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy J. Tremont

Mailing Address 3 Concord Dr

City

State

Zip Code

McKeesport

PA

15135-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564923

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nicholas P. Mellion

Mailing Address 8715 Baneberry Cir NW

City

State

Zip Code

Clinton

OH

44216-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564924

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Emma M. DiCarlo

Mailing Address 4517 Ihles Rd

City

Lake Charles

State

LA

Zip Code

70605-3959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564925

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce J. Jiorle

Mailing Address 59 Country Acres Dr

City

Hampton

State

NJ

Zip Code

08827-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 3564926

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David R. Sain

Mailing Address 1535 Avon Rd

City

Murfreesboro

State

TN

Zip Code

37129-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564928

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Graham

Mailing Address 1772 Morning Dr NE

City

Cullman

State

AL

Zip Code

35055-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564929

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen G. Alvis

Mailing Address 132 Diamond Ct

City

Harrisonburg

State

VA

Zip Code

22801-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 3564930

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Kendall Dillehay

Mailing Address 1040 E 143rd St E

City

Wichita

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564931

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William L. Kochenour, II

Mailing Address 248 Shore Dr

City

Palm Harbor

State

FL

Zip Code

34683-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	7

Transaction ID: 3564932

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. D. Briar Diggs

Mailing Address 4875 Heaven's Gate

City

Missoula

State

MT

Zip Code

59803-2460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Transaction ID: 3564933

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Burch G. Cameron

Mailing Address 101 Graystone Court

City

Columbus

State

GA

Zip Code

31904-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	7

Transaction ID: 3564934

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Alfred C. Griffin, Jr.

Mailing Address 8498 Opal Rd

City

Warrenton

State

VA

Zip Code

20186-8687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Transaction ID: 3564937

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robin A. Weeks

Mailing Address 120 N Windham Rd

City

Windham

State

CT

Zip Code

06280-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Transaction ID: 3564939

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John A. Gerling

Mailing Address 616 Avocet

City

McAllen

State

TX

Zip Code

78504-2762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Transaction ID: 3564940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David L. Olsen

Mailing Address 1009 E Woodcrest Dr

City

Appleton

State

WI

Zip Code

54915-4556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 3564941

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Pete N. Bougas, Jr.

Mailing Address 1231 Gulfport Run

City

Grayson

State

GA

Zip Code

30017-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	7

Transaction ID: 3564944

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John D. Hirce

Mailing Address 337 Minebrook Rd

City

Bernardsville

State

NJ

Zip Code

07924-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Transaction ID: 3564945

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kirk I. Moran

Mailing Address 6921 W Voltaire

City

Peoria

State

AZ

Zip Code

85381-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 3564947

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alan W. Irvin

Mailing Address 106 Elmwood Dr

City

Greensboro

State

NC

Zip Code

27408-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564948

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John R. Mariotti

Mailing Address 123 Old Orchard Rd

City

Clarks Green

State

PA

Zip Code

18411-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564949

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott B. Murray

Mailing Address 5338 W Grove Ct

City

Visalia

State

CA

Zip Code

93291-7913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 3564950

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kambiz Moin

Mailing Address 133 Shepherd Rd

City

Manchester

State

NH

Zip Code

03104-4759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564951

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Raymond J. McMullen, Jr.

Mailing Address 2327 Nottingham Dr

City

Naperville

State

IL

Zip Code

60565-4393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564952

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas M. Stark

Mailing Address 2115 Hughes Ave

City

Ames

State

IA

Zip Code

50014-7022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 3564955

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John C. White

Mailing Address 3534 St Andrews Lane

City

Richfield

State

OH

Zip Code

44286-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 3564956

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Buatti Romeo

Mailing Address 20 S Merrick Rd

City

Massapequa

State

NY

Zip Code

11758-6759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564958

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Diana Almy

Mailing Address 15381 Pepmeier Hill Rd

City

Woodford

State

VA

Zip Code

22580-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564959

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard J. Wolterman

Mailing Address 5110 Signal Hill

City

Cincinnati

State

OH

Zip Code

45244-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564960

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ross L. Crist

Mailing Address 1204 N Pikes Peak Cir

City

Sioux Falls

State

SD

Zip Code

57110-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564961

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph F. Coniglio

Mailing Address 5414 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78412-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564962

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David L. Crouch

Mailing Address 11007 39th St Ct E

City

Edgewood

State

WA

Zip Code

98372-2280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564963

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Riordan

Mailing Address 7084 Montgomery Rd

City

Lake Wylie

State

SC

Zip Code

29710-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564964

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Peter M. Skoler

Mailing Address 117 Old Farm Rd

City

Milton

State

MA

Zip Code

02186-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564965

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James M. Crouse

Mailing Address 22786 Nanticoke Rd

City

Quantico

State

MD

Zip Code

21856-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564966

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Don M. Wilkins

Mailing Address 880 Indianola Dr

City

Merritt Island

State

FL

Zip Code

32953-4290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564967

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Barton Soper

Mailing Address 2218 108th Ave SE

City

Bellevue

State

WA

Zip Code

98004-7345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564968

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph F. Coniglio

Mailing Address 5414 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78412-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: 3564969

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Revels

Mailing Address 3009 SW 130th St

City

Oklahoma City

State

OK

Zip Code

73170-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3564971

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Messana

Mailing Address 42 Locust Ln

City

East Rutherford

State

NJ

Zip Code

07073-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3564974

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Beth Lynn Faber

Mailing Address 2018 Retreat Dr

City

Mechanicsville

State

VA

Zip Code

23111-6080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3564975

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. James J. Bancroft

Mailing Address 71 Franklin Tpke #6

City

Waldwick

State

NJ

Zip Code

07463-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564976

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert D. Calcote

Mailing Address 1533 Fairway Dr

City

Charleston

State

SC

Zip Code

29412-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564977

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Herbert M. Hughes

Mailing Address 1209 Burtonwood Ct

City

Alexandria

State

VA

Zip Code

22307-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3564978

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Louis J. Hardy

Mailing Address 34 Silver Ridge

City

Veazie

State

ME

Zip Code

04401-7080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3564980

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Richard J. Anthony

Mailing Address 1180 Cheshire Circle

City

Danville

State

CA

Zip Code

94506-6238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564981

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leland A. Harris

Mailing Address 3513 Greenwood Pl

City

Deer Park

State

TX

Zip Code

77536-5772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564982

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Cay Koen

Mailing Address 101 Hidden Way Ct

City

Hendersonville

State

TN

Zip Code

37075-5549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3564983

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James Pelletier

Mailing Address 4 Island Pond Rd

City

Dracut

State

MA

Zip Code

01826-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3564984

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William M. Gordon

Mailing Address 840 Tiogue Ave

City

Coventry

State

RI

Zip Code

02816-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 3564985

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Robert Beattie

Mailing Address 8025 Lake Waunatta Dr

City

Winter Park

State

FL

Zip Code

32792-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3564986

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Brenda K. Stenftenagel

Mailing Address 1804 Woodmere

City

Valparaiso

State

IN

Zip Code

46383-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3564987

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Erhart

Mailing Address 2523 Fairbanks Ct.

City

Naperville

State

IL

Zip Code

60540-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 3564988

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Norman Prillaman, II

Mailing Address 1353 Thompson Ln

City

Forest

State

VA

Zip Code

24551-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 3564991

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ford S. Cooper

Mailing Address 8371 Providence Rd

City

Charlotte

State

NC

Zip Code

28277-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3564992

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Virginia A. Menemeyer

Mailing Address 145 Fairway Ln

City

Troy

State

MO

Zip Code

63379-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3564993

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Deborah A. Sema

Mailing Address 1841 Windsor Blvd

City

Homewood

State

AL

Zip Code

35209-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3564994

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Deborah Bassham

Mailing Address 20111 Galen Dr

City

Abingdon

State

VA

Zip Code

24211-6951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3564996

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John M. Pobanz

Mailing Address 5619 Silver Leaf Circle

City

Mountain Green

State

UT

Zip Code

84050-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3564997

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Edward Dykhous

Mailing Address

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3564998

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Steven A. Steer

Mailing Address 1020 E Lake Shore Dr

City

Springfield

State

IL

Zip Code

62712-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3564999

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Gold

Mailing Address 1743 E Handel St

City

Meridian

State

ID

Zip Code

83646-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565000

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Juan F. Rendon

Mailing Address 344 Park Valley Dr

City

Coppell

State

TX

Zip Code

75019-5374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565002

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David K. Inouye

Mailing Address 2776 Hydraulic Rd #10

City

Charlottesville

State

VA

Zip Code

22901-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

Transaction ID: 3565003

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard R. Zechini

Mailing Address 1048 Chestnut Hill Rd

City

Lynchburg

State

VA

Zip Code

24503-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

Transaction ID: 3565004

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joe M. Keller

Mailing Address 116 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: 3565005

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Adrian J. Costanza

Mailing Address 107 Atlantic Ave

City

Swampscott

State

MA

Zip Code

01907-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565006

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Diane J. Milberg

Mailing Address 8419 Cliffridge Ln

City

La Jolla

State

CA

Zip Code

92037-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565007

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark S. Geller

Mailing Address #4 Manzano Cir

City

Dallas

State

TX

Zip Code

75230-3053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565008

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen E. Searcy

Mailing Address 114 Wembley Rd

City

Lafayette

State

LA

Zip Code

70503-3567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565009

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce K.A. Dormanen

Mailing Address 2377 Cherrywood Rd

City

Minnetonka

State

MN

Zip Code

55305-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565010

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mario Polo

Mailing Address B10 Neptuno
Paseo de la Fuente

City

San Juan

State

PR

Zip Code

00926-6476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Conlon

Mailing Address 29920 Tanya Trail

City

Libertyville

State

IL

Zip Code

60048-1688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: 3565012

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary O. Inman

Mailing Address 338 Briarwood Cir

City

Elizabethtown

State

KY

Zip Code

42701-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	7

Transaction ID: 3565013

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward J. Wnek

Mailing Address 6345 Grand Vista Ave

City

Cincinnati

State

OH

Zip Code

45213-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 3565015

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. M. John Pautienis

Mailing Address 155 Woodside Dr

City

West Barnstable

State

MA

Zip Code

02668-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565016

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Maston R. McCorkle, Jr.

Mailing Address 3215 Allendale St SW

City

Roanoke

State

VA

Zip Code

24014-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565018

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sally A. Gupton

Mailing Address 970 Gladastry Ln

City

Lower Gwynedd

State

PA

Zip Code

19002-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565019

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald A. Cohen

Mailing Address 526 Twin Eagles Lvd

City

Fort Wayne

State

IN

Zip Code

46748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	7

Transaction ID: 3565020

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lisa M. Angelici

Mailing Address 8575 Wade River Cir

City

Fountain Valley

State

CA

Zip Code

92708-6238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	7

Transaction ID: 3565022

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Drew R. Lombardi

Mailing Address 33 Stewart St

City

Demarest

State

NJ

Zip Code

07627-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3565023

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott D. Copeland

Mailing Address 132 E Broadway

City

Derry

State

NH

Zip Code

03038-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565024

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tarek O. Zaki

Mailing Address 1404 N Woodhouse Rd

City

Virginia Beach

State

VA

Zip Code

23454-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565025

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David A. Zysik

Mailing Address 13964 State Hwy 37

City

Massena

State

NY

Zip Code

13662-3168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565026

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Marulli

Mailing Address 44 New Amwell Rd

City

Hillsborough

State

NJ

Zip Code

08844-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565027

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Louis G. Chmura

Mailing Address 604 Laura Ln

City

Marshall

State

MI

Zip Code

49068-9668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565028

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan Gail Tierney

Mailing Address 154 Nassau Blvd

City

Garden City

State

NY

Zip Code

11530-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565029

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick F. Foley

Mailing Address 50 Lynn Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-9156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565030

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. D. Douglas Depew

Mailing Address 5331 Saville Dr

City

Acworth

State

GA

Zip Code

30101-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565032

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Milton L. Matos

Mailing Address F-19 Cleveland St Parkville

City

Guaynabo

State

PR

Zip Code

00969-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565033

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas M. Brown

Mailing Address 581 Contra Costa Way

City

Claremont

State

CA

Zip Code

91711-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3565034

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Teichman

Mailing Address 1566 Silver Trl

City

Napa

State

CA

Zip Code

94558-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	7

Transaction ID: 3565035

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Claire H. Ogata Marcel

Mailing Address 1936 Chalon Glen Ct

City

Livermore

State

CA

Zip Code

94550-8206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	7

Transaction ID: 3565036

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Brett C. Fidler

Mailing Address 3417 122nd PI NE

City

Bellevue

State

WA

Zip Code

98005-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565037

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patricia A. Simon

Mailing Address 2220 Canton St #303

City

Dallas

State

TX

Zip Code

75201-5927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565038

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert A. Vaught

Mailing Address 306C McAlpin St

City

Savannah

State

GA

Zip Code

31406-8950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565039

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James K. Poulsen

Mailing Address 2302 W Bolton St

City

Eagle

State

ID

Zip Code

83616-6796

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565040

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tammy L. Meister

Mailing Address 1605 Summit Ave

City

Saint Paul

State

MN

Zip Code

55105-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565041

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sherri M. Weissman

Mailing Address 4900 Brandywood Dr

City

Birmingham

State

AL

Zip Code

35223-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565042

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Brett A. Johnson

Mailing Address 3225 West Rathgeber

City

Wichita Falls

State

TX

Zip Code

76310-7949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565043

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce P. McCoy

Mailing Address 80 Waterford Pl

City

Newnan

State

GA

Zip Code

30265-2787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565046

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher J. Getchell

Mailing Address 470 Thornwyck Trail

City

Roswell

State

GA

Zip Code

30076-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565047

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Chamberlain

Mailing Address 3200 Soaring Gulls Dr #103

City

Las Vegas

State

NV

Zip Code

89129-2198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565048

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Cecile Yoon-Tarlie

Mailing Address 2516 Violet St

City

Glenview

State

IL

Zip Code

60026-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565049

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Felix A. Gen

Mailing Address 6209 N Huntington Dr

City

Solon

State

OH

Zip Code

44139-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565051

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Timothy M. Shannon

Mailing Address 4704 Augusta Dr

City

Norman

State

OK

Zip Code

73072-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565052

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B. Leiss

Mailing Address 3372 Conestoga Rd

City

Glenmoore

State

PA

Zip Code

19343-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565053

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Meredith Lynn Quimby

Mailing Address 9000 Masters Ct

City

Waxhaw

State

NC

Zip Code

28173-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565054

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas E. Merrill

Mailing Address 1513 Hannah Way

City

East Wenatchee

State

WA

Zip Code

98802-8317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565055

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Wayne Sletten

Mailing Address 3344 Barons Way

City

Stillwater

State

MN

Zip Code

55082-4799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565056

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frank Barton Miller

Mailing Address 664 Anna Cade Rd

City

Rockwall

State

TX

Zip Code

75087-7485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565057

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bradley J. Jacobs

Mailing Address 820 N Eagle Hills Way

City
Eagle

State
ID

Zip Code
83616-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3565058

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Kelly

Mailing Address 566 Lake Ridge Dr

City
South Elgin

State
IL

Zip Code
60177-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565059

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott O. Schulz

Mailing Address 622 W 8th St

City
Traverse City

State
MI

Zip Code
49684-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565060

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony V. Maresca

Mailing Address 5 Lantern Ct

City

Stony Brook

State

NY

Zip Code

11790-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565062

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Sherwood

Mailing Address 808 Milmada Dr

City

La Canada

State

CA

Zip Code

91011-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565063

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clifford L. Condit, Jr.

Mailing Address 7726 Braesview Ln

City

Houston

State

TX

Zip Code

77071-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Theodore W. Graff

Mailing Address 821 Overbrook Dr

City

Vestal

State

NY

Zip Code

13850-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565066

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James C. Lyles

Mailing Address 133 April Point Dr S

City

Montgomery

State

TX

Zip Code

77356-5853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565067

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Raymond George, Sr.

Mailing Address 27 Du Carl Dr

City

Lincoln

State

RI

Zip Code

02865-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565069

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert S. Portenga

Mailing Address 6387 Peninsula Dr

City

Traverse City

State

MI

Zip Code

49686-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565071

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald G. Heiber

Mailing Address 1362 Hemlock Ct NE

City

Lancaster

State

OH

Zip Code

43130-1177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565072

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Wade L. Murphy

Mailing Address 4493 Hwy 201 S

City

Mountain Home

State

AR

Zip Code

72653-5544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565074

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Whybra J. Duay, Jr.

Mailing Address 1209 S Prescott Dr

City

Morgan City

State

LA

Zip Code

70380-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565075

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John C. Matunas

Mailing Address 4110 Hillcrest Dr

City

Boise

State

ID

Zip Code

83705-4551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565077

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City

Lincoln

State

RI

Zip Code

02865-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael B. Stewart

Mailing Address 30 Old Vermont Pl

City

Atlanta

State

GA

Zip Code

30328-4760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565079

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Craig A. Sinclair

Mailing Address 12000 Hickory Grove Rd

City

Dunlap

State

IL

Zip Code

61525-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565080

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert E. Eng

Mailing Address 7 High Rd

City

Inver Grove Height

State

MN

Zip Code

55077-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565081

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Morris N. Poole

Mailing Address 55 Bristol Rd

City

Logan

State

UT

Zip Code

84341-2194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565082

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank R. Miller

Mailing Address 619 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565083

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Craig L. Coombs

Mailing Address 2095 E 200 S

City

Layton

State

UT

Zip Code

84040-3133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin M. Walsh

Mailing Address 2 Terryhill Ln

City

Saint Louis

State

MO

Zip Code

63131-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565085

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jorge C. Coro

Mailing Address 5655 Granada Blvd

City

Coral Gables

State

FL

Zip Code

33146-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565086

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clark B. Rampton

Mailing Address 701 East 1000 South

City

Kaysville

State

UT

Zip Code

84037-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565087

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael S. Hipp

Mailing Address 4728 Brookview Dr

City

West Des Moines

State

IA

Zip Code

50265-2996

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565088

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. John C. Ford

Mailing Address 221 Winnetka Ave

City

Winnetka

State

IL

Zip Code

60093-4236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565089

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard L. Fogel

Mailing Address 718 Washington Ave

City

Elyria

State

OH

Zip Code

44035-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565090

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Dean P. Leonard

Mailing Address 1612 Bay Oaks Dr

City

Albert Lea

State

MN

Zip Code

56007-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565091

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy J. Sheehan

Mailing Address 604 N 65th Street

City

Omaha

State

NE

Zip Code

68132-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565092

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Harold J. Kaplan

Mailing Address 44 Pickman Rd

City

Beverly

State

MA

Zip Code

01915-4730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565093

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David G. Haas

Mailing Address 1732 Granger Rd

City

Medina

State

OH

Zip Code

44256-8687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565094

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Klepacki

Mailing Address 627 W Maple St

City

Hinsdale

State

IL

Zip Code

60521-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565095

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frank R. Besson

Mailing Address 185 Scott Dr

City

Watchung

State

NJ

Zip Code

07069-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565096

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Randy Wright

Mailing Address 1460 Keim Cir

City

Geneva

State

IL

Zip Code

60134-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565097

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Reznik

Mailing Address 1423 Sweetbriar Cir

City

Odessa

State

TX

Zip Code

79761-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565098

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brian B. Jacobus

Mailing Address 7880 Saddlebrook Dr

City

Port Saint Lucie

State

FL

Zip Code

34986-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565099

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Jacobsen

Mailing Address 13847 Pamlico Rd

City

Apple Valley

State

CA

Zip Code

92307-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565100

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis K. Langwith

Mailing Address 4555 41st St

City

Des Moines

State

IA

Zip Code

50310-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565101

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James E. Lupi

Mailing Address 42 Hermitage Dr

City

Stafford

State

VA

Zip Code

22556-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565102

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Kimberly Lutz Gragg

Mailing Address 1799 Waterford Way

City

Morganton

State

NC

Zip Code

28655-8294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565103

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James B. Macomson

Mailing Address 2605 Armstrong Cir

City

Gastonia

State

NC

Zip Code

28054-7262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565104

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David J. Huyser

Mailing Address 133 E Central Ave

City

Zeeland

State

MI

Zip Code

49464-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 3565105

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. J. Mark Felton

Mailing Address 5205 N Linn Ave

City

Oklahoma City

State

OK

Zip Code

73112-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565108

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Nettles Green

Mailing Address 3741 Landmark Dr

City

Columbia

State

SC

Zip Code

29204-4059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565110

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth F. Levene

Mailing Address 15 Upland Lane

City

Armonk

State

NY

Zip Code

10504-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565111

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Imad Shammaa

Mailing Address 11 Hawkesyard Ln

City

Charleston

State

WV

Zip Code

25311-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 3565113

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Dusek

Mailing Address 1 Seafarer's Cr

City

Savannah

State

GA

Zip Code

31411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565114

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas R. Broderick

Mailing Address 7517 LaRoche Ave

City

Savannah

State

GA

Zip Code

31406-6401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565115

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James L. Vaden

Mailing Address 353 Buck Lake Rd

City

Cookeville

State

TN

Zip Code

38506-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565116

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Floyd McGowan Collie

Mailing Address 1712 Craig St

City

Raleigh

State

NC

Zip Code

27608-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565117

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Idalia Lastra

Mailing Address 2001 SW 4th Ave

City

Miami

State

FL

Zip Code

33129-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565118

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Harry I. Bussa, Jr.

Mailing Address 726 Langwood

City

Houston

State

TX

Zip Code

77079-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565119

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven M. Cohen

Mailing Address 1118 Rainbow Circle

City

Pittsgrove

State

NJ

Zip Code

08318-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565120

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward Y. Lin

Mailing Address 555 Main Ave #205

City

De Pere

State

WI

Zip Code

54115-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Greg Woodfin

Mailing Address 225 Chipley Ave

City

Pensacola

State

FL

Zip Code

32503-6422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565122

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John M. Damas

Mailing Address 4 Sorrel Lane

City

Lemont

State

IL

Zip Code

60439-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James A. Leithead, Jr.

Mailing Address 3214 Portrush Dr

City

Lake Charles

State

LA

Zip Code

70605-5974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565124

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Albert A. Pilvelis, Jr.

Mailing Address 75 Oakland Dr

City

Oakdale

State

CT

Zip Code

06370-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565125

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott E. Prose

Mailing Address 3001 Fox Glen Court

City

St Charles

State

IL

Zip Code

60174-8809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565126

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory K. Inman

Mailing Address 1003 Deerbourne

City

Elizabethtown

State

KY

Zip Code

42701-2187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565127

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas M. Baldwin

Mailing Address 620 Winning Colors Blvd

City

Elizabethtown

State

KY

Zip Code

42701-8183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565128

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William M. Kelly

Mailing Address 4N224 Ferson Ck Rd

City

St Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565129

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven A. Dugoni

Mailing Address 620 El Cerrito Ave

City

Hillsborough

State

CA

Zip Code

94010-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: 3565132

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Zachary Truman

Mailing Address 880 Seven Hills Dr #170

City

Henderson

State

NV

Zip Code

89052-4380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 3565136

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul E. Shok

Mailing Address Rd #5 Nancy Drive

City

Meadville

State

PA

Zip Code

16335-9805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 3565137

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel M. DeAngelo

Mailing Address 3895 Fairway Dr

City

Canfield

State

OH

Zip Code

44406-9054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 3565138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Oliver Lee Willham

Mailing Address 233 S 26th

City

West Des Moines

State

IA

Zip Code

50265-7970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3565139

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Foy

Mailing Address 7819 Antigua Pt

City

Colorado Springs

State

CO

Zip Code

80920-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789629

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles A. Gilmore

Mailing Address 4623 Scenic Dr

City

Yakima

State

WA

Zip Code

98908-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789630

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 228 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Barbara Martin Tatum

Mailing Address 1446 High Hay Dr

City

Columbia

State

MD

Zip Code

21044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789631

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Randall Clark Shults

Mailing Address 1200 Corp Ctr Way #100

City

Wellington

State

FL

Zip Code

33414-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789632

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey S. Singer

Mailing Address 1 Woodward Crt

City

Reisterstown

State

MD

Zip Code

21136-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789633

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William A. Schackel

Mailing Address 33 Bluestem Dr

City

Santa Fe

State

NM

Zip Code

87506-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789634

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. C. William Groesch

Mailing Address 6 Island Bay

City

Springfield

State

IL

Zip Code

62712-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789635

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Josephine C. Weeden

Mailing Address 3446 Brassow Rd

City

Saline

State

MI

Zip Code

48176-9054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789636

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William R. Parks

Mailing Address 25 Museum Dr

City

Newport News

State

VA

Zip Code

23601-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789637

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Budd Rubin

Mailing Address 1145 Pacific Beach Dr #408

City

San Diego

State

CA

Zip Code

92109-5159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789638

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joe Michael Richards

Mailing Address 1611 Lake Wilderness Ln

City

Kingwood

State

TX

Zip Code

77345-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lester H. Kuperman

Mailing Address 3809 Candlelite Ct

City

Fort Worth

State

TX

Zip Code

76109-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789640

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William B. Kuen

Mailing Address 7 Diann D

City

Montville

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789641

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael D. Lashgari

Mailing Address 8 Crown Pt

City

Canton

State

CT

Zip Code

06019-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789642

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Baarsvik

Mailing Address 1403 Tucker Rd

City

North Dartmouth

State

MA

Zip Code

02747-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789643

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Swapan Samuel Ghosh

Mailing Address 3002 Ridgeview Dr

City

Orwigsburg

State

PA

Zip Code

17961-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: 3789670

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jim L. Caskey

Mailing Address 1212 Western Hills Dr

City

Sherman

State

TX

Zip Code

75092-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: 3789671

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Monisha Gupta Iyer

Mailing Address 70 Carter Rd

City

Princeton

State

NJ

Zip Code

08540-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: 3789681

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bonnie Daniels Wheatley

Mailing Address 608 Gilbert Ct

City

Winchester

State

KY

Zip Code

40391-8752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789686

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Chester E. Spencer, Jr.

Mailing Address 3742 Greenhollow

City

Grand Prairie

State

TX

Zip Code

75052-6717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789687

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert James Bray

Mailing Address 255 36th St S

City

Brigantine

State

NJ

Zip Code

08203-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789688

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edna C. Galarza

Mailing Address URB Paseo Los Robles
Calle Bartolo Rivera #1204

City

Mayaguez

State

PR

Zip Code

00682-7757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789690

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Donald J. Neely

Mailing Address 48 Douglas Hill

City

Norwich

State

VT

Zip Code

05055-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789691

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Duward T. Fulmer

Mailing Address 307 Sagramore Ln

City

Simpsonville

State

SC

Zip Code

29681-5757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: 3789692

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James J. Brennan

Mailing Address 1480 Old Smithfield Rd

City

North Smithfield

State

RI

Zip Code

02896-8218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: 3789693

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ken Fischer

Mailing Address 1467 N Wanda Rd #195

City

Villa Park

State

CA

Zip Code

92867-5344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: 3789694

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 236 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Paula Zaytoun

Mailing Address 809 Lakestone Dr

City

Raleigh

State

NC

Zip Code

27609-6343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789697

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald R. Burkhardt

Mailing Address 3659 Powderhorn Dr

City

Okemos

State

MI

Zip Code

48864-5925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789698

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Randall P. Rigsby

Mailing Address 2344 Arriviste Way

City

Pensacola

State

FL

Zip Code

32504-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789699

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James A. Morrish, Jr.

Mailing Address 3504 Riverview Blvd W

City

Bradenton

State

FL

Zip Code

34205-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789700

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David A. Morris

Mailing Address 9244 Sandy Pines Ln

City

Hayes

State

VA

Zip Code

23072-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789701

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lori L. Smith

Mailing Address 4454 Leesburg Rd

City

Marietta

State

GA

Zip Code

30066-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789702

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert E. Varner

Mailing Address 161 Birdie Lane

City

Roseburg

State

OR

Zip Code

97470-9283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789703

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth M. Hrechka

Mailing Address 7201 Ludwood Ct

City

Alexandria

State

VA

Zip Code

22306-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3789704

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Dean Jensen

Mailing Address 5881 Versailles Ave

City

Frisco

State

TX

Zip Code

75034-5957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789712

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert B. Moss, Jr.

Mailing Address 349 Hickory Grove Rd

City

Leesburg

State

GA

Zip Code

31763-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789713

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Petra Schubert

Mailing Address 3801 Purdue

City

Dallas

State

TX

Zip Code

75225-7113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789714

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David C. Gehring

Mailing Address 3805 Green Valley Ln

City

Toddville

State

IA

Zip Code

52341-9661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789715

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William J. Quest

Mailing Address 9705 N Oak Hill Ln

City

Mooreville

State

IN

Zip Code

46158-6485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789716

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas P. Rose

Mailing Address 9642 Featherhill Dr

City

Villa Park

State

CA

Zip Code

92861-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789717

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Glen F. Petrick

Mailing Address 3615 La Costa Rd

City

Missouri City

State

TX

Zip Code

77459-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789718

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Lisa Grant

Mailing Address 1809 Redwood Ln

City

Munster

State

IN

Zip Code

46321-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789719

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marlin S. Salmon

Mailing Address 412 Garden Dr

City

Batavia

State

NY

Zip Code

14020-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789720

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Fred J. Alba

Mailing Address 12 Bridgeport Drive

City

Mechanicsburg

State

PA

Zip Code

17050-7360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789721

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Anne C. Jenkins

Mailing Address 17800 Jackson Mtn Rd SW

City

Lonaconing

State

MD

Zip Code

21539-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789722

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Goodwin G. Thomas, Jr.

Mailing Address 1462 Barrow Pt Rd

City

Rock Hill

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789723

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Trosien

Mailing Address 8715 Waterwell Way

City

Tracy

State

CA

Zip Code

95304-8112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789724

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Susan M. Korch-Appleby

Mailing Address 22 Surrey Ln

City

Mechanicsburg

State

PA

Zip Code

17050-7800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789725

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert H. Lindsey, Jr.

Mailing Address 7306 W US Hwy 70

City

Plainview

State

TX

Zip Code

79072-0715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789726

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Cynthia L. Jackson

Mailing Address 573 Anderson Rd

City

Alpine

State

CA

Zip Code

91901-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789727

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ceceilia M. Markham

Mailing Address 2119 Susquehana Rd

City

Abington

State

PA

Zip Code

19001-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789728

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Matthew J. Coats

Mailing Address 3116 Overlook Circle

City

Highland Village

State

TX

Zip Code

75077-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789729

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles P. Canepa

Mailing Address 16724 Edgewater Dr

City

Lakewood

State

OH

Zip Code

44107-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789738

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Patrick Werner

Mailing Address 5335 Normandy Rd

City

Memphis

State

TN

Zip Code

38120-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789739

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gilbert A. Principe

Mailing Address 2461 Jennifer Hope Blvd

City

Longwood

State

FL

Zip Code

32779-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kristin R. Lundquist

Mailing Address 61 Pine St

City

Mahtomedi

State

MN

Zip Code

55115-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. H. Eldon Attaway

Mailing Address 2909 Pacific Ct

City

Irving

State

TX

Zip Code

75062-4690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 3789742

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Thomas Cavanaugh

Mailing Address 1848 Ashton Way

City

Chesterfield

State

MO

Zip Code

63005-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 3803768

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Todd Hunt

Mailing Address 1695 Rood Point Rd

City

Muskegon

State

MI

Zip Code

49441-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 3803770

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 262

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher M. Brieden

Mailing Address 700 N Riverside

City

Saint Clair

State

MI

Zip Code

48079-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 3803771

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John F. Monticello

Mailing Address 1650 Lake Dr SE

City

East Grand Rapids

State

MI

Zip Code

49506-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 3810487

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Melissa Wilson Venrick

Mailing Address 1055 Willow Creek Cir

City

Longmont

State

CO

Zip Code

80503-7592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 3810488

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David C. Spokane

Mailing Address 108 Brian Dr

City

Beaver

State

PA

Zip Code

15009-9794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 3810489

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James E. Hatcher

Mailing Address 147 Inwood Tr

City

Madison

State

AL

Zip Code

35758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 3810490

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Barry Walvoord

Mailing Address 788 Stables Ct W

City

Highwood

State

IL

Zip Code

60040-2054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 3843208

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. M. Donald Hayes

Mailing Address 737 Timberlane

City

Wilmington

State

OH

Zip Code

45177-2560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 3843870

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sidney M. Craft

Mailing Address 5827 Wanakah Dr

City

Houston

State

TX

Zip Code

77069-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 3846645

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Geralyn Menold

Mailing Address 18378 Meadow Ridge Rd

City

Salinas

State

CA

Zip Code

93907-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 3846646

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas G. Rice

Mailing Address 27 Washington St

City

State

Zip Code

Bath

ME

04530-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 3846647

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert S. Portenga

Mailing Address 6387 Peninsula Dr

City

State

Zip Code

Traverse City

MI

49686-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 3846648

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen J. Larson

Mailing Address 451 Rinconada Ct

City

State

Zip Code

Los Altos

CA

94022-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 3848943

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 251 / 262

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Patricia B. Timmeny

Mailing Address 3 Premier Drive

City

Londonderry

State

NH

Zip Code

03053-6122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 3848947

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. A. Page Jacobson

Mailing Address 14128 NW 15th Ln

City

Gainesville

State

FL

Zip Code

32606-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 3848949

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert A. Arnold

Mailing Address 800 Hidden Valley Dr

City

Watertown

State

SD

Zip Code

57201-5457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 3848950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. S. Grayson Eddy, Jr.

Mailing Address 5148 Buckhead Trail

City

Knoxville

State

TN

Zip Code

37919-8903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 3849611

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carolyn Melita

Mailing Address 17 Milford St. #3

City

Boston

State

MA

Zip Code

02118-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: 3893979

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Luis E. Gonzalez

Mailing Address Tintillo Rd #517 Tintillo Hills

City

Guaynabo

State

PR

Zip Code

00966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: 3893990

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Phillip J. Santucci

Mailing Address 20517 N 93rd PI

City

Scottsdale

State

AZ

Zip Code

85255-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 3914845

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nick S. Palmer

Mailing Address 38423 Hidden Ln

City

Clinton Township

State

MI

Zip Code

48036-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: 3994573

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. R. Cary Bocklet

Mailing Address 4940 Hideaway Pointe

City

Hollywood

State

SC

Zip Code

29449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: 3994574

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Frederic C. Sterritt

Mailing Address 464 S Horizon Way

City

Branchburg

State

NJ

Zip Code

08853-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 4003276

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis D. Kommer

Mailing Address 4806 Pommel PI

City

West Des Moines

State

IA

Zip Code

50265-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 4003277

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James W. Dougherty

Mailing Address 206 Westchester Dr

City

Griffin

State

GA

Zip Code

30223-8300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 4003278

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 262

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Schmit

Mailing Address 3100 Pinney Woods Ct SE

City

Cedar Rapids

State

IA

Zip Code

52403-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 4004005

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City

Lincoln

State

RI

Zip Code

02865-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: 4151768

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$250.00 This changes the YTD Total to \$25-0.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carly Cunningham

Mailing Address 3400 Welborn St #428

City

Dallas

State

TX

Zip Code

75219-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: 4151769

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$250.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 262

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell B. Silverman

Mailing Address 8520 Snakedance Ct NE

City

Albuquerque

State

NM

Zip Code

87111-7169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 4151770

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$250.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

202300.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 257 / 262

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Tom Cole for Congress

Mailing Address PO Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name
Tom Cole

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Transaction ID: 4095415

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Lindsey Graham for Senate

Mailing Address PO Box 1155

City
Seneca

State
SC

Zip Code
29679

Purpose of Disbursement

Contribution: Lindsey O. Graham (SC-R)

011

Category/
Type

Candidate Name
Lindsey Graham

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Transaction ID: 4108554

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution: Lindsey O.
Graham (SC-R)

C.

Full Name (Last, First, Middle Initial)

Friends of Jack Kingston

Mailing Address PO Box 2133

City
Savannah

State
GA

Zip Code
31402

Purpose of Disbursement

Contribution: Jack Kingston (GA-1-R)

011

Category/
Type

Candidate Name
Jack Kingston

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: 4108553

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution: Jack Kingst-
on (GA-1-R)

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 258 / 262

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Knollenberg For Congress Committee

Mailing Address 31000 Telegraph Road #110

City Bingham Farms State MI Zip Code 48025

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joe Knollenberg

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 4151469

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Kevin O'Neill

Mailing Address PO Box 302

City Williamsburg State VA Zip Code 23187

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Kevin O'Neill

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: VA District: 01

Special-Primary2007

Transaction ID: 4150266

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Friends Of Kevin O'Neill

Mailing Address PO Box 302

City Williamsburg State VA Zip Code 23187

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Kevin O'Neill

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: VA District: 01

Special-General2007

Transaction ID: 4150267

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 259 / 262

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas Price, M.D.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 06

Transaction ID: 4150265

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Dave Reichert for Congress

Mailing Address PO Box 53322

City
Bellevue

State
WA

Zip Code
98015

Purpose of Disbursement

Contribution: David Reichert (WA-8-R)

011

Category/
Type

Candidate Name

David Reichert

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 08

Transaction ID: 4108550

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution: David Reichert (WA-8-R)

C.

Full Name (Last, First, Middle Initial)

Dave Reichert for Congress

Mailing Address PO Box 53322

City
Bellevue

State
WA

Zip Code
98015

Purpose of Disbursement

Contribution: David Reichert (WA-8-R)

011

Category/
Type

Candidate Name

David Reichert

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA

District: 08

Transaction ID: 4108551

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution: David Reichert (WA-8-R)

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 260 / 262

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 4150960 Date of Disbursement																				
Mailing Address P. O. Box 1919	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	7												
City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Paul Ryan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 4108555 Date of Disbursement																				
Mailing Address PO Box 140970	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	7												
City Dallas State TX Zip Code 75214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution: Pete Sessions (TX-32-R)	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Pete Sessions	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution: Pete Sessions (TX-32-R)																				
C. Full Name (Last, First, Middle Initial) Team Sununu	Transaction ID: 4108552 Date of Disbursement																				
Mailing Address PO Box 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	7												
City Rye State NH Zip Code 03870	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution: John E. Sununu (NH-R)	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name John Sununu	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution: John E. Sununu (NH-R)																				

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nydia Velazquez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 4150268

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nydia Velazquez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 4150401

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

65000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 262 / 262

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City
Lincoln

State
RI

Zip Code
02865-4523

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3789744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carly Cunningham

Mailing Address 3400 Welborn St #428

City
Dallas

State
TX

Zip Code
75219-5215

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3789746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mitchell B. Silverman

Mailing Address 8520 Snakedance Ct NE

City
Albuquerque

State
NM

Zip Code
87111-7169

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3789747

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

750.00